



# The Oklahoma State Medical Association Presents an Update on Proper Prescribing

**Featured Speaker: Cori Loomis, J.D., Christensen Law Group, P.L.L.C.**

Signed into law in 2018, Oklahoma's Senate Bill 1446 mandates that all physicians complete one hour of CME in pain management each year. To help Oklahoma's physicians better understand how this law impacts their practice and patients, the Oklahoma State Medical Association is hosting special virtual CMEs.

This one-hour event offers insight to the legal issues affecting pain management and an overview of the laws connected with prescribing opioids to patients.

**All Oklahoma physicians with a DEA license are required to take this one hour course annually. This CME credit is due by a physician's license renewal date, not calendar year.**

## Virtual Program Dates\*

Thursday, Sept. 17 • 6 to 7 p.m.

Friday, Nov. 13 • 12 to 1 p.m.

Friday, Dec. 4 • 12 to 1 p.m.

**\* Approved for 1 hour of Proper Prescribing credit by the Oklahoma Medical Licensure Board**

**Free for OSMA members and \$50 for non-member physicians.**

### Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Oklahoma State Medical Association (OSMA) and the Physicians Liability Insurance Company (PLICO).

The Oklahoma State Medical Association (OSMA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The OSMA designates this live activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Faculty, CME Planning Committee and Reviewer have no relevant financial relationships to disclose.

The OSMA CME Manager has reviewed all speaker information and has resolved all conflicts of interest if applicable.

The Oklahoma State Medical Association has been surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for six years as a provider of continuing medical education for physicians.

The ACCME accreditation seeks to assure the medical community and the public that the Oklahoma State Medical Association provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvements.

The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the US are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the US, Inc.



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## REGISTRATION (PLEASE COMPLETE)

**Attendees: (Names/emails are required)**

Name(s)	Email

**Paying Responsible Party:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

OFFICE	HOME
<input type="checkbox"/>	<input type="checkbox"/>

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

OFFICE	HOME	CELL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fax:** \_\_\_\_\_

OSMA Members _____ x FREE	<b>Which event will you attend? (Please check one.)</b>
OSMA Non-Member Physicians _____ x \$50	Thursday, Sept. 17 • 6 to 7 p.m. <input type="checkbox"/>
	Friday, Nov. 13 • 12 to 1 p.m. <input type="checkbox"/>
	Friday, Dec. 4 • 12 to 1 p.m. <input type="checkbox"/>
<b>Total Due to the OSMA</b> \$ _____	

**For more information, call 800-522-9452.**

**CHECK:** If you owe a registration fee, please enclose a check payable to the OSMA for the full amount. Partial payments are not accepted.

CHECK(S) INCLUDED

**CREDIT CARD:** Please charge my payment in full to the credit card listed below. Partial payments are not accepted.

VISA                       MasterCard

Signature of Authorized Card Holder: \_\_\_\_\_

Name appearing on card **(Please print)** \_\_\_\_\_

Card Number: \_\_\_\_\_

3 digit security code: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

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**PLEASE MAIL OR FAX FORM TO:** Oklahoma State Medical Association  
313 N.E. 50th Street, Oklahoma City, OK 73105  
P. 405.601.9571 or 800.522.9452; F. 405.601.9575



**CANCELLATION POLICY:** Registration must be cancelled six business days in advance of event to receive refund.