

CONTROLLED SUBSTANCE MANAGEMENT

COMPREHENSIVE REVIEW COURSE
**AND COMPETENCY
EXAMINATION**

Up to 13.75 AMA PRA Category 1 Credits™

FEBRUARY 26-28 | ORLANDO, FLORIDA

VENUE:

ROSEN CENTRE HOTEL
9840 INTERNATIONAL DR, ORLANDO, FL 32819
WWW.ROSENCENTRE.COM

PHONE: (407) 996-9840 | FAX: (407) 996-2659 | RESERVATIONS:
(800) 204-7234

SPECIALS:

- SPECIAL ROOM RATES THROUGH FEBRUARY 4, 2016
- 50% OFF MEETING FEE TO FELLOWS & RESIDENTS



American Society of
Interventional Pain Physicians
The Voice of Interventional Pain Management



FROM THE CHAIRMAN



On behalf of the Board of Directors of the American Society of Interventional Pain Physicians (ASIPP)[®], I would like to invite you to one of the most comprehensive and useful educational conferences available anywhere. The ASIPP[®] Comprehensive Review Course and Competency Exam in Controlled Substance Management will be held in Orlando, Florida, on February 26-28, 2016.

The Controlled Substance Management intensive review course is designed to present interventional pain management specialists and other health care providers an in-depth review of multiple areas of interventional pain management—the areas we were never taught, yet are crucial for our survival.

In addition to the review course, the American Board of Interventional Pain Physicians (for physicians) and the American Association of Allied Pain Management Professionals (for non-physicians) offers the opportunity for examination in order for physicians to obtain competency certification to and non-physicians to obtain associate certificates in Controlled Substance Management.

We look forward to seeing you in Orlando for this educational event and exam.

Sincerely,

Laxmaiah Manchikanti, MD

Chairman of the Board and Chief Executive Officer, ASIPP[®]

GENERAL INFORMATION

STATEMENT OF NEED

These two-day comprehensive review courses are planned as a CME activity to prepare for competency certification or an in-depth review in areas of What You Need to Know in Controlled Substance Management in IPM. This review course is based on the American Board of Interventional Pain Physicians' specifications for competency certification examinations.

This course will provide in-depth evaluation of the knowledge of the participants with extensive review of subject(s).

As part of this comprehensive, in-depth, intense two-day review course, ASIPP will provide participants with online material of the lectures.

EDUCATIONAL OBJECTIVES/TARGET AUDIENCE

This course is intended to present interventional pain management specialists, nurses, and other healthcare providers an in-depth review of multiple areas of interventional pain management including Controlled Substance Management.

- Review basic science and core concepts
- Discuss pharmacology
- Identify clinical use and effectiveness
- Identify substance abuse
- Discuss topics with documentation, regulatory issues, legal issues, and ethical issues

OUTCOME

Participants in the Controlled Substance Management Course should be able to apply the fundamental concepts of managing controlled substances in your practice, from pharmacology and the clinical uses to identifying abuse and the legal aspects of prescribing, for better outcomes and reduced side effects.

AMERICANS WITH DISABILITIES ACT AND SPECIAL SERVICES

Organizers fully comply with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any participant in this educational activity is in need of accommodations, please contact the organizers at (270) 554-9412 at least 10 days prior to the conference.

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 sponsorship of The Institute for Medical Studies and the American Society of Interventional Pain Physicians. The Institute for Medical Studies is accredited by the ACCME to provide continuing medical education for physicians.

CATEGORY I CREDIT

The Institute for Medical Studies designates this live activity for a maximum of 13.75 AMA PRA Category 1 Credits[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

RN, NP AND PA CREDIT

Nurse Practitioners: The American Academy of Nurse Practitioners (AANP) accepts AMA PRA Category 1 Credit(s)[™] from organizations accredited by the ACCME.

RNs/ APNs- most State Nursing Boards accept CE activities designated for AMA PRA Category 1 Credits[™] towards re-licensure requirements. Check with your board to determine whether they will accept this CME activity towards your re-licensure. This activity is designated for 13.75 AMA PRA Category 1 Credit(s)[™]

IMS is accredited to provide continuing medical education for physicians and will provide nurse practitioners who successfully complete each activity with a certificate of participation indicating that the activity was designated for the category credits listed above.

The American Academy of Physician Assistants (AAPA) accepts AMA PRA Category 1 Credits[™] from organizations accredited by the ACCME. The provider of this program, the Institute for Medical Studies, is accredited by the ACCME and designates this educational activity for a maximum of 13.75 AMA PRA Category 1 Credits[™] for Controlled Substance Management. Physician assistants should only claim credit commensurate with the extent of their participation in the activity.

THERE IS NO COMMERCIAL SUPPORT FOR THIS COURSE.

NO DUPLICATION OR DISTRIBUTION OF MATERIALS, OR RECORDING OF LECTURES ARE ALLOWED WITHOUT WRITTEN CONSENT FROM ASIPP[®].

ACCOMMODATIONS

ROSEN CENTRE HOTEL

9840 INTERNATIONAL DRIVE, ORLANDO, FL 32819 | (800) 204-7234

Rosen Centre raises the bar in guest service, convenience and value among Orlando hotels with the numerous amenities at the 1,334-room, award-winning convention property.

Inform the agent that you are booking for American Society of Interventional Pain Physicians. We have secured a group room rate of \$160. Reserve rooms early—all unbooked rooms will be released after February 4, 2016.



CONTROLLED SUBSTANCE MANAGEMENT

FRIDAY FEBRUARY 26, 2016

7:00am–7:30am	REGISTRATION AND BREAKFAST	
	Morning Chairperson: Hans Hansen, MD	
7:30am–8:00am	Introduction	Hans Hansen, MD
8:00am–8:45am	Epidemiology of Prescription Opioid Use and Abuse in Chronic Pain	Hans Hansen, MD
8:45am–9:30am	Terminology, Mechanisms and Management of Abuse and Addictive Disorders: Relevance to Pain Physician	Sanford Silverman, MD
9:30am–10:00am	BREAK	
10:00am–10:45am	Protecting Your Practice: A Physician’s Perspective	Harold Cordner, MD
10:45am – 11:30am	Cannabinoids in Pain	Orlando Florete, MD
11:30 am–12:15pm	Psychiatric Comorbidities of Chronic Pain	Rafael Miguel, MD
12:15pm 1:15pm	LUNCH (provided)	
	Afternoon Chairperson: Sanford Silverman, MD	
1:15pm–2:15pm	Opioid Pharmacology, Interactions, and Side Effects: Practical Applications	Alan Kaye, MD, PhD
2:15pm–3:00pm	Non-Opioid Controlled Substance Pharmacology	Alan Kaye, MD, PhD
3:00pm–3:45pm	Adherence Monitoring Effectiveness	Harold Cordner, MD

CONTROLLED SUBSTANCE MANAGEMENT

SATURDAY FEBRUARY 27, 2016

7:00am–8:00am	REGISTRATION AND BREAKFAST	
	Morning Chairperson: Sanford Silverman, MD	
8:00am–8:45am	Practical Application of Opioid and CDC Guidelines	Hans Hansen, MD
8:45am–9:30am	Assessment and Management of Drug Dependency and Withdrawal	Sanford Silverman, MD
9:30am–10:15am	Drug Dependency and Abuse in the Health Care Team	Susan Blank, MD
10:15am–10:45am	BREAK	
10:45am–11:30am	Ethics in Interventional Pain Management	Susan Blank, MD
11:30 am–12:15pm	Effectiveness and Practical Applications of Current Non-Opioid Drug Therapy: Facts and Fiction	Susan Blank, MD
12:15pm 1:15pm	LUNCH (provided)	
	Afternoon Chairperson: Hans Hansen, MD	
1:15pm–2:00pm	Preventing and Responding to a Drug Investigation in Your Practice	Robert N. Nicholson, Esq.
2:00pm–3:00pm	Effectiveness and Modes of Office Detoxification: Exit Strategies from CSM	Sanford Silverman, MD
3:00pm–3:30pm	BREAK	
3:30pm–4:15pm	Abuse Deterrent Technologies	Sanford Silverman, MD
4:15pm–5:15pm	Overdose Prevention Strategies	Hans Hansen, MD

CONTROLLED SUBSTANCE MANAGEMENT

SUNDAY FEBRUARY 28, 2016

	EXAMINATION	
9:00am	REGISTRATION	
9:15am	Test Instruction and Examination Begin (You will have 2 hours to complete the 100 question examination)	



REGISTRATION FOR PHYSICIANS

Please type or print your information clearly

NAME	(First)	(Middle Initial)	(Last)
ORGANIZATION			PREFERRED MAILING ADDRESS <input type="checkbox"/> Organization <input type="checkbox"/> Home
ORGANIZATION ADDRESS			HOME ADDRESS
CITY	STATE	ZIP	CITY STATE ZIP
PHONE	CELL	FAX	PHONE FAX
E-MAIL			E-MAIL

PERSONAL DATA: (for statistical purposes only) DATE OF BIRTH ____/____/____ MALE FEMALE

MEDICAL DEGREE: MD DO PhD Other (specify) _____

PAIN MEDICINE SUBSPECIALTY CERTIFICATION:

ABMS Pain Medicine (Anesthesiology, PMR, Neurology, Psychiatry, Emergency Medicine)

American Board of Pain Medicine

American Board of Interventional Pain Physicians

Fellow of Interventional Pain Practice (FIPP)

SPECIALTY DESIGNATION: 09 IPM 72 Pain Medicine Anesthesiology Psychiatry Neurology Other _____

What percentage of your clinical practice is in the field of Interventional Pain Management: 0% 1-49% 50-100%

PRIMARY PROFESSIONAL PRACTICE SETTING (please check all that apply):

Ambulatory surgery Hospital Office Practice Academic University Administrative Military VA Other

STATE LICENSE: State _____ License Number _____

PHYSICIAN WORKSHOP REGISTRATION INFORMATION	
	REGISTRATION FEES
Review Course in Controlled Substance Management	<input type="checkbox"/> \$700 (Member) <input type="checkbox"/> \$900 (Non-Member)
Competency Exam in Controlled Substance Management	<input type="checkbox"/> \$600
Fellows and Residents Receive a 50% Discount	<input type="checkbox"/> 50% Discount

PAYMENT METHOD (Please check one):

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE
NAME ON CARD		

CHECK CHECK NUMBER _____ ENCLOSED (Payable to ABIPP)
 (Your application will not be processed if payment does not accompany registration form)

SIGNATURE OF APPLICANT

RETURN COMPLETED FORM TO:
 ASIPP, 81 Lakeview Drive, Paducah, KY 42001
 or Fax to (270) 554-5394

CANCELLATION POLICY:
 ASIPP reserves the right to cancel this course upon reasonable notice and will assume no financial obligation to registrants for cancellation for reasons beyond its control. Registration fees will be refunded however, costs incurred by the registrants, such as airline or hotel fees or penalties, are the responsibility of the registrants. ASIPP requires a 30-day notice of cancellation. Cancellations must be submitted in writing by January 27, 2016. An administrative fee of \$200 will be assessed. Cancellations after January 27, 2016 but prior to Feb. 12, 2016, will forfeit 50% of their registration fee. No cancellations accepted after Feb. 12, 2016. Refunds will be sent after the conclusion of the meeting.

Register online at
www.asipp.org/meetings.htm



REGISTRATION FOR NON-PHYSICIANS

Please type or print your information clearly

NAME (First) _____ (Middle Initial) _____ (Last) _____

ORGANIZATION _____ **PREFERRED MAILING ADDRESS** Organization Home

ORGANIZATION ADDRESS _____ HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ PHONE _____ FAX _____

E-MAIL _____ E-MAIL _____

PERSONAL DATA: (for statistical purposes only) DATE OF BIRTH ____/____/____ MALE FEMALE

HIGHEST DEGREE EARNED: _____

CERTIFICATIONS: JD MBA MA CPA CPC CPE PA NP CRNA RN RT ST Other (specify) _____

PROFESSIONAL QUALIFICATIONS/EXPERIENCE IN THE FIELD:

Coding ___ years Billing ___ years Compliance ___ years Practice Management ___ years

NON-PHYSICIAN WORKSHOP REGISTRATION INFORMATION	
	REGISTRATION FEES
Review Course in Controlled Substance Management	<input type="radio"/> \$500 (Member) <input type="radio"/> \$600 (Non-Member)
Competency Exam in Controlled Substance Management	<input type="radio"/> \$500

PAYMENT METHOD (Please check one):

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD _____

CHECK CHECK NUMBER _____ ENCLOSED (Payable to ABIPP)
 (Your application will not be processed if payment does not accompany registration form)

SIGNATURE OF APPLICANT _____

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