InPharmX Inc. DBA
UNIVERSITY LEARNING SYSTEMS

Certified SBA WOSB Woman Owned Small Business

NEW YORK STATE CERTIFIED WBE WOMEN BUSINESS ENTERPRISE

This program in its entirety provides 15 contact hours (1.5 CEU) over three days, 5 hours per day, of live AAFP/ *AMA PRA Category 1 Credit™*, ACPE and pharmacology CE/ CME credit.

Expert Speakers

Wednesday, September 27, 7:00 AM-8:00 AM Registration & Breakfast, 8:00 AM-1:30PM Educational Program
Topic : TBD
At the conclusion of this program, the participant will be able to:

Thursday, September 28, 7:00 AM 8:00 AM Registration & Breakfast, 8:00 AM - 1:30PM Educational Program
Topic : TBD
At the conclusion of this program, the participant will be able to:

Friday, September 29, 7:00 AM-8:00 AM Registration & Breakfast, 8:00 AM-1:30PM Educational Program
Topic : TBD
At the conclusion of this program, the participant will be able to:

ROOM TYPE	RATE
Run of House Room	
HYATT REGENCY	Hyatt Regency Aruba Resort Spa and Casino J.E. Irausquin Blvd 85, Palm Beach
Hotel Web Page	https://www.hyatt.com/en-US/hotel/aruba/hyatt-regency-aruba-resort-spa-and-casino/aruba
Online Reservations	See Website
Phone Reservations	Aruba+11 297 586 1234
ULS Group Code	
ULS Group Expiration Date	
Hotel Taxes	
Discounted Resort Fee	
Parking Fee	
ULS Group Rates	Hotel Rooms and Rates based on Availability and double occupancy. Rooms may sell out as conference date approaches.
Check In / Check Out	4:00 pm / 11:00 am

IN PERSON CONFERENCE REGISTRATION: Includes workshop attendance, handouts, breakfast or refreshments during the meetings and documentation of continuing education credit*.

LIVE STREAM WEBCAST REGISTRATION: Includes live conference streaming, access to online course materials and documentation of continuing education credit*.

*Pharmacists: Please ensure that we have your NABP# and date of birth on file. ACPE does not allow us to provide you with paper Statements of Credit. Should you need a paper statement of credit, you can access that information via CPE Monitor. All other professionals: An applicable paper Statement of Credit will be issued upon receipt of your post-conference paperwork.

REQUIREMENTS FOR CREDIT: Credit is dependent on verification of conference attendance by on-time check-in at each session and ULS receipt of completed evaluations. Credit is determined based on actual attendance on a per session basis, no partial credit is awarded. Note: Approximately one 15 minute break per 2.5 hours. Credited hours do not include breaks.

PER PERSON CONFERENCE REGISTRATION	DISCOUNTED ADVANCED REGISTRATION UNTIL DEC 12, 2022	REGULAR REGISTRATION
3 DAY IN PERSON	$675	$699

LIVE STREAM TBD 3 Day Fee: $550 2 Days Fee: $398 1 Day Fee: $199

UNIVERSITY LEARNING SYSTEMS
CONTINUING EDUCATION, INSPIRING LOCATIONS

Non-commercial pharmacology continuing education since 1979

TARGET AUDIENCE/ ACCREDITATION

PHYSICIANS: *Application for CME credit is planned.* Physicians should claim only the credit commensurate with the extent of their participation in the activity. AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 Credit™* toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1. CME programs approved by the AAFP are eligible for Category 2 credit (or Category 1-A under special circumstances) through the **American Osteopathic Association (AOA).**

CANADIAN PHYSICIANS: Members of the College of Family Physicians of Canada are eligible to receive up to 15 MAINPRO-M1 credits for participation in this activity due to reciprocal agreement with the American Academy of Family Physicians.

PHYSICIAN ASSISTANTS: American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for Prescribed credit from **AAFP**. Physician assistants may report the number of hours stated above of Category I credit for completing this program.

PHARMACISTS/: UNIVERSITY LEARNING SYSTEMS IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE) AS A PROVIDER OF CONTINUING PHARMACY EDUCATION.

SESSION 1: 5 CONTACT HRS ACPE UAN 0741-0000-23-00X-L01-P, ACTIVITY: KNOWLEDGE
SESSION 2: 5 CONTACT HRS ACPE UAN 0741-0000-23-00X-L01-P, ACTIVITY: KNOWLEDGE
SESSION 3: 5 CONTACT HRS ACPE UAN 0741-0000-23-00X-L01-P, ACTIVITY: KNOWLEDGE

CONSULTANT PHARMACISTS: Some consultant pharmacist boards accept University Learning Systems courses for recertification either as is or with board approval. Please contact your board regarding course approval and ULS with any questions.

CANADIAN PHARMACISTS: Canadian Council on Continuing Education in Pharmacy (CCCEP) accepts courses accredited by the Accreditation Council for Pharmacy Education (ACPE). This credit is applicable to health professionals who may require pharmacology credit.

NURSE PRACTITIONERS/ NURSES: This course provides 15 contact hours (1.5 CEU) over three days, 5 hours per day, to fulfill the pharmacotherapeutics/ pharmacology requirements for **American Nurses Credentialing Center (ANCC)** Category 1 Continuing Education Hours for certification renewal. The same hours submitted to renew certification may be submitted to a State Board of Nursing for re-licensure. American Nurses Credentialing Center (ANCC) accepts formally approved continuing education sponsored by organizations accredited or approved by the **Accreditation Council for Pharmacy Education (ACPE).** University Learning Systems is accredited by the Accreditation Council for Pharmacy Education (ACPE).

OTHER HEALTH PROFESSIONALS: Contact your respective board regarding approval.

ULS

REFUND POLICY

Advance written notice is required for any refund consideration.

- Up to the Advanced Registration Deadline: Cancellations are subject to a $50 processing fee per person or you may apply your full registration one time to another program attended within 12 months.
- After Advanced Registration Deadline: No refunds, although conference registration less $50 processing fee may be applied one time to another program attended within 12 months.
- Two weeks before the start of the conference: No refunds or application of registration to another program for cancellation, nonappearance or partial attendance. No refunds due to airline delays or cancellation of flights. With the exception of Canada, we offer no international refunds. Refunds processed by original form of payment or by check only. Refunds may take 2-4 weeks to process after notification of cancellation.

PHYSICALLY IMPAIRED: If you have impairments that require assistance in order to participate in this conference, please contact us so that we may make arrangements to assist you.

Hyatt Regency Aruba Resort Spa and Casino , September 27-29, 2023 - Registration Form

Name (first, last): _____Degree/Profession: _____
Spouse (if attending conference): _____Degree/Profession: _____
Address: _____City:_____ State/Province:_____ Code:_____
Daytime Phone: _____ Evening Phone/Cell Phone: _____
E-mail (required for conference confirmation): _____
Pharmacists/ Technicians NABP e Profile ID# _____ Date of Birth __ __/__ __/__ __ __ __
Conference Registration: $ _____ in U.S. Funds, for ___ Persons
Lodging: If you do not reserve/ stay at the hotel/ travel agent as described above, please add the surcharge to the conference fee. Reservations are verified by hotel rooming/ travel agent list. If you are sharing a room / cabin with another attendee, please indicate that here_____.
Payment Methods for Conference Registration: _____ Credit Card: _____ MasterCard _____ Visa _____ American Express _____ Discover _____ Checks - for MAIL registration only. Complete this form and mail with check payable to: University Learning Systems, PO Box 35, East Amherst, NY, 14051. Checks returned due to insufficient funds incur a $50 fee. Your conference registration will appear on your credit card statement as "University Learning Sys" or similar. Please share this information with the person responsible for paying the credit card company, as there is an extra charge of $50 for any contested charge-backs. If you need further explanation on this, please contact us.
Credit Card Number: _____ Exp. Date: (MM/YY) __ __ / __ __
CVV# Card Security Code _____Cardholder Name (as on the card): _____
Phone Numbers of Cardholder (if different from above) Phone: _____Cell Phone: _____
Billing Address of Cardholder if different than above: _____
If registering by FAX or MAIL, you must sign here: _____

PO Box 35, East Amherst, NY 14051
800-940-5860
info@universitylearning.com