



Comprehensive Medical Training For Child-Abuse Investigations



Provided through a campus/community partnership.

Please join us for our **First Annual** Medical Training for Child-Abuse Investigations.

March 26, 2015 - 8:00 a.m. to 5:00 p.m. • Children's Hospital Samis Education Center

Lead Faculty

Dr. Ryan Brown, MD - Pediatrician, Sub-Board Specialty in Child Maltreatment
Director of Children's Hospital Child Protection Team

Dr. Mary Stockett, MD - Pediatrician, Sub-Board Specialty in Child Maltreatment

Lauren Donaldson, PA-C.

Participate in the training:

- ✓ *In person*
- ✓ *Videoconference*
- ✓ *Personal computer link*

Non-medical, Multidisciplinary Team personnel are welcome to attend for a listening and learning opportunity.

CLEET CE credits available when attending *In Person* or by *Videoconference*.

We are excited about your participation in this tremendous training opportunity. Please complete the enclosed registration form and return it along with your payment.

Standard Registration Fee: \$200.00

If you have questions, please call 580-504-0683.

Registration Deadline: March 13, 2015



Schedule



0730	0800	Registration
0800	0815	Welcome and housekeeping
0815	0915	SEXUAL ABUSE: PART I-THE EXAM and Documentation
0915	1015	SEXUAL ABUSE: PART II-STIs
1015	1030	Break
1030	1130	SEXUAL ABUSE PART III: NORMAL, ABNORMAL, & NORMAL VARIANCE
1130	1245	CHILD ABUSE DOCUMENTATION, REPORTING, AND BILLING (Lunch Provided)
1245	1345	ABUSIVE HEAD TRAUMA
1345	1445	BUMPS, BITES, BURNS, & BRUISING
1445	1500	Break
1500	1600	ORTHOPEDIC AND RADIOLOGIC FINDINGS IN ABUSE
1600	1700	FTT, NEGLECT, AND SUID
1700		Closing Remarks

All Participants Must Mail Registration to:

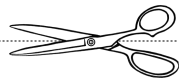
CACO
427 K ST SW
Ardmore, OK 73401

Training Fee & Registration

Standard Fee: \$200.00



Click the PayPal Logo, visit www.cacok.com/training, or make checks payable to CACO.



Registration Deadline March 13, 2015

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First Name:	Last Name:
Profession:		Employer:	
Address:			
City:		State:	Zip Code:
Telephone:		Email:	
Attending: <input type="checkbox"/> In Person <input type="checkbox"/> PC Link <input type="checkbox"/> Videoconference		Payment: <input type="checkbox"/> PayPal - Tran. ID _____ <input type="checkbox"/> Check Enclosed	