



Your Office is Invited to:

## Learn the Seven Secrets To Streamlining Immunization Delivery



- ◆ Learn about new tools available in Arizona to simplify the process of immunizing your patients on time, every time.
- ◆ Learn about current immunization recommendations, requirements and new and recently approved vaccines.

Training Dates and Cities

Please Circle the date you would like to attend

And fax both sheets to 602.262.2654

### The Seven Secrets...

- 8:00 Registration and continental breakfast**
- 8:30 Why We Give Shots When We Do**  
Maricopa County Community Health Nursing
- 9:15 Vaccine Handling, Storage and Documentation**  
Vaccines for Children Program (VFC)
- 10:00 Making the CASE: Talking to Parents about Vaccines**  
The Arizona Partnership for Immunization (TAPI)
- 10:30 Break**
- 10:45 Immunization Registry Tips and Tools - Advanced**  
Arizona State Immunization Information System (ASIIS)
- 11:30 Reading and Predicting Records**  
Maricopa County Community Health Nursing
- 12:15 Lunch**
- 12:45 Immunization Resources**  
Community Partners
- 1:15 Best Practices to Immunize Your Patients**  
The Arizona Partnership for Immunization (TAPI)
- 2:15 Giving Shots and New Vaccine Update**  
Maricopa County Community Health Nursing
- 3:15 Wrap up, Review and Evaluation**

<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>
June 9 West Phoenix	July 14th Sierra Vista	No trainings	September 8th Flagstaff
June 17th Camp Verde	July 15th Tucson		September 9th Kingman
June 30th ShowLow			September 23 <sup>rd</sup> East Phoenix

For more information about the training contact:

**The Arizona Partnership for Immunization (TAPI),  
602.288.7568**

# REGISTRATION FORM

TRAINING DATE: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ VFC PIN #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Direct Line: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*\*\*It is important that we have a direct phone number to let you know about any scheduling changes\*\*\*

## PARTICIPANTS

## HAVE YOU ATTENDED BEFORE?

Name: \_\_\_\_\_

YES  NO

Title: \_\_\_\_\_

Name: \_\_\_\_\_

YES  NO

Title: \_\_\_\_\_

Name: \_\_\_\_\_

YES  NO

Title: \_\_\_\_\_

## TELL US ABOUT YOUR PRACTICE

Do you see: babies \_\_\_ young kids \_\_\_ teens \_\_\_ adults \_\_\_ older adults \_\_\_ All ages \_\_\_

Estimated number of patients: \_\_\_\_\_ # of Medical Assistants \_\_\_\_\_

# of Physicians: \_\_\_\_\_ # of Physician Assistants: \_\_\_\_\_

# of Nurses: \_\_\_\_\_ # of Nurse Practitioners: \_\_\_\_\_

How does your office report to the ASIIS registry?

\_\_\_ Web application \_\_\_ Electronic Billing system \_\_\_ Paper forms

Is your office using an electronic medical record? Yes No

Is your office using a reminder/recall system? Yes No

Is your office a Vaccines for Children (VFC) Provider? Yes No

What is your greatest challenge in immunizing children in your office? \_\_\_\_\_

\_\_\_\_\_