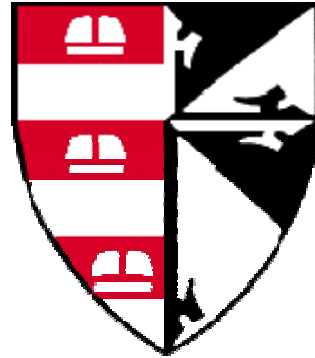


NON PROFIT  
ORGANIZATION  
U.S. POSTAGE  
PAID  
MIAMI, FL  
PERMIT NO. 794

# Barry University School of Podiatric Medicine offers the



## Florida Required License Renewal Course Biennium 2008-2010 **Now on DVD!**

Including:  
FL Laws and Rules  
Medical Errors  
Risk Management  
and  
HIV/AIDS

### **Florida Required License Renewal DVD Series Objectives**

At the conclusion of each session the physician should be able:

#### **Risk Management**

1. To facilitate quality patient care and increase awareness of liability issues that should be considered by all health care professionals.
2. To examine emerging litigation trends, including podiatry-specific exposures;
3. To identify and apply risk management solutions and resources to his/her individual practice;
4. To understand the role of the defense team and the importance of participation with the team; and
5. To explore the life cycle of a professional liability lawsuit, including effective defense techniques.

#### **HIV/AIDS Education**

1. To understand the Pathogenesis and the course of the disease.
2. To understand the epidemiology and transmission of the disease from a community, national and international perspective.
3. To appreciate our educational prevention responsibilities in the education and behavioral modification of at risk patients.
4. To appreciate the legal and economic issues in the ethical treatment of the HIV/AIDS patient.
5. To appreciate the overall treatment philosophies and outcomes in the management of HIV/AIDS.

#### **Laws and Rules**

1. To review the Florida State Statutes Title XXXII, Chapter 461 – Regulations of Professions and Occupations as it applies to podiatric Medicine.
2. To review the scope of podiatric practice in the State of Florida and the violations and penalties associated with disciplinary actions.
3. To review the requirements of the licensure process, license renewal and educational responsibilities of inactive status.
4. To recognize the legal grounds for investigation, disciplinary action and administrative action taken by the board of Podiatric Medicine.
5. To review the legal ramifications associated with practicing fraudulently, deceptive advertising and prescription and administration of controlled substances.

#### **Medical Errors**

1. To understand that informed consent is a necessary process and who is responsible for obtaining and giving it.
2. To identify sources and types of medical errors.
3. To identify potential performance and diagnostic errors and to recognize error-prone situations.
4. To identify risk management measures designed to enhance patient safety.



## IMPORTANT INFORMATION

Florida State License Renewal Requirements have changed. Per biennium podiatrists licensed in the state of Florida must complete:

- 1 hour of Risk Management
- 1 hour of Laws and Rules
- 2 hours of Medical Errors and  
1 hour of HIV/AIDS \*\*

**\*\*Effective July 1, 2006 applicants for licensure are no longer required by Chapter 456, FS, to show proof of a course on HIV/AIDS as part of the initial licensure process. You will, however, be required by Chapter 456, FS, to take an HIV/AIDS course approved by your board for your first renewal, but it is no longer required for each renewal.**

These DVDs were produced in 2007. The time required to view the DVDs is 5.0 hours. There is a CME exam included with each DVD purchased. Each participant must obtain at least 70% on the examination in order for CME credit to be issued. This CME activity will be valid through March 31, 2010.

**These DVDs will fulfill the Florida state current requirements for the biennium ending March 31, 2010.**

## FEE SCHEDULE

Laws and Rules - 1 hour...\$50.00  
Risk Mgmt - 1 hour..... \$50.00  
HIV/AIDS - 1 hour.....\$50.00  
Medical Errors - 2 hours...\$100.00

Total Package - 5 hours..\$220.00  
(\$30.00 savings by purchasing total package)

For physicians in a group practice one DVD may be purchased and extra exams (up to 3) may be purchased for **\$40.00 each**. Please provide your request in writing on group practice letterhead with each physician who will be completing the exam filling out a separate attached registration form (copies will be accepted).

## FACULTY DISCLOSURE

*Barry University School of Podiatric Medicine in accordance with Accreditation requirements, will disclose any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and /or provider(s) of commercial services discussed in an educational presentation and with any commercial supporters of the activity.*

These DVDs were produced in the David Brinkley Studio with the support and cooperation of the Department of Communication at Barry University.

## ACCREDITATION

Barry University School of Podiatric Medicine is approved by the Council on Podiatric Medical Education to offer recognized continuing podiatric medical education programs. This course is approved for 5.0 Continuing Education Contact hours.



## CERTIFICATE OF COMPLETION

Approximately two weeks following successful completion of the exam(s), you will receive by mail a Certificate of Completion as well as a transcript from Barry University.

## REFUND POLICY

Fees must be paid in full before the DVDs and examinations are mailed. A \$20.00 processing fee will be deducted from the registration fee if a refund is requested in writing.

### Contact Information

For further information, please contact Urmala Roopnarinesingh, Director of CME or Solange Brinson in the CME Office at (305) 899-3266/3255 or 800-319-FEET. By fax at (305) 899-6106, or via e-mail at [uroopnarinesingh@mail.barry.edu](mailto:uroopnarinesingh@mail.barry.edu) or [sbrinson@mail.barry.edu](mailto:sbrinson@mail.barry.edu)

## 2008-10 Florida Required License Renewal DVD Series

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

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

City: \_\_\_\_\_

State, zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

FL License # PO- \_000 \_\_\_\_\_  
(not accredited for states other than FL)

I wish to purchase (check appropriate selection(s)):

Total Package (\$30 savings)	\$220.00	_____
Medical Errors	\$100.00	_____
Laws and Rules	\$50.00	_____
Risk Mgmt	\$50.00	_____
HIV/AIDS	\$50.00	_____

Group practice (# of extra exams needed)\*  
\_\_\_\_\_ x \$40.00 each

*\*Request must be made on group letterhead with a completed registration form for each physician attached.*

I have enclosed a check for \$ \_\_\_\_\_

**Make checks payable to: BUSPM  
Mail to: Barry University School of Podiatric Medicine, CME Office, 11300 NE 2nd Ave., Miami Shores, FL 33161**

(Please circle one)

Charge my: MasterCard VISA AMEX

Authorized Signature: \_\_\_\_\_

Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Access Code: (3-4 digit #) \_\_\_\_\_