



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.

The Seven Secrets...

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

Training Dates and Cities

Please Circle the date you would like to attend

And fax both sheets to 602.262.2654

<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>
June 10 North West Phoenix	July 8 Show Low	August 26 Sierra Vista	September 2 Kingman
June 18 Tucson	July 22 South East Phoenix		
June 23 Page	July 23 Payson		
June 24 Flagstaff			

For more information about the training contact:

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

TRAINING DATE: _____

REGISTRATION FORM

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? _____
