



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



**Breastfeeding Education** Georgia Chapter

*Schedule an EPIC® Breastfeeding Education Program Today!*



### EPIC Breastfeeding Education Overview:

- Provides convenient **physician led, peer-to-peer breastfeeding education.**
- **1-hour sessions** during lunch, or a time more convenient for your staff.
- Each program host will receive a **FREE Breastfeeding Resource Kit** as part of the presentation.
- Attendees earn **free CME, GNA, LCERP, and CPE continuing education units.**

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GEORGIA CHAPTER  
AMERICAN ACADEMY  
OF PEDIATRICS

1330 W. Peachtree St., NW  
Suite 500  
Atlanta, GA 30309  
Fax: 404-249-9503

### 3 Programs to Choose From!

- Breastfeeding Fundamentals**
- Supporting Breastfeeding in the Hospital**
- Advanced Breastfeeding Support**

**New!**



*EPIC® ...Developed by physicians, for physicians.*

The Georgia Chapter of the American Academy of Pediatrics (AAP) is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter AAP designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA.

## EPIC Breastfeeding Education Request Form

*Please provide us with the following information so that we can make the appropriate arrangements for your program. This completed form and the Pre-Program Survey can be faxed to Andrea Perry, Program Coordinator, at (404) 249-9503. Our office will contact you as soon as possible to confirm the date of your presentation. Thank you and we look forward to providing you with this educational opportunity.*

**Note: A minimum of 1 hour should be dedicated for each program.**

**Topics:**  Breastfeeding Fundamentals  Advanced Breastfeeding Support  Supporting Breastfeeding in Hospital

Date of Request: \_\_\_\_\_ Name of Person Making Request: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Names of Physicians: \_\_\_\_\_

Specialty:  OB/Gyn  Pediatric  Family Medicine  Other: \_\_\_\_\_

Facility:  Hospital  Private Practice  Residency Program  Other: \_\_\_\_\_

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

District/County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Possible Dates for Presentation: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Best Time of Day: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Approximate Number of Attendees: \_\_\_\_\_ Approximate Number of Attendees by Category:  
\_\_\_\_Physicians \_\_\_\_NP/PA \_\_\_\_RN/LPN \_\_\_\_MA/MT \_\_\_\_Office Staff \_\_\_\_Other

Location of presentation if other than office location listed above:  
\_\_\_\_\_  
\_\_\_\_\_

Training Site Contact Person if different from person making request:

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

As the **Host/Contact Person** for your site, we ask that you be responsible for the following activities:

- Greet trainers when they arrive at site.**
- Introduce the program and trainers prior to the presentation.**
- State the time program is to be completed to ensure staff returns to work on-time.**
- Close the program and encourage the staff to complete the evaluations and turn them in to the trainers.**
- Return 60-Day Post-Program Survey.**

**How did you hear about the EPIC Breastfeeding Program?**

- Blastfax
- Newsletter
- Word-of-Mouth
- Educational Conference
- Previous EPIC Program
- Other: \_\_\_\_\_