



Provider Practice Essentials

Focused. Current. Concise.

Mission Statement

The mission of Provider Practice Essentials, Inc. is to provide resources, education, travel, and other services necessary to further the delivery of healthcare by providers (Physicians, Physician Assistants, Nurse Practitioners, and CRNAs) to patients in any healthcare setting.

Business Model

Provider Practice Essentials, Inc. (PPEMedical.com, here forth known as “Corporation”) is a Florida-Based medical education corporation. The Corporation, at its discretion, directly subcontracts members of its Planning Committee, Teaching Faculty, Educational Services, and other key components to satisfy all state, federal, and clinical board requirements of compliance.

Purpose of Program and Identification of Need

It has been recognized by many recent graduates from both Nurse Practitioner and Physician Assistant programs that there is a perceived paucity of hands-on training related to EKG interpretation, plain radiograph interpretation, and basic procedures during both didactic and clinical rotation components of training programs. This has been especially noted by graduates who have earned online degrees due to a limited amount of clinical exposure organized by their training programs. Online programs lack a uniform clinical experience, standard clinical environment that ensures all recommended procedures are experienced, and often leave graduates seeking more exposure to the procedures and clinical skills aligned with the career paths they have chosen.

It is expected that by 2028, there will be a severe shortage of acute care providers to keep pace with an increased volume of high acuity, advanced age patients in our nation, and the clinical skills of these providers will be needed to enhance the physician work force.

It has also been noted that these limitations hinder the ability of new graduates to find clinical positions in high acuity/high procedure environments because they do not have minimum experience, which is typically expected to be 2 years post-graduation. This course is designed to close this gap by presenting high-yield content to these practitioners in an effort to provide clinical confidence without resorting to on-the-job learning. It is intended to structure the course content into a rational format to facilitate the application of clinical content to real-world practice.

The intent of this course is to provide additional training to participants to augment their clinical education and improve confidence in clinical decision-making, procedural skill, documentation and coding. It is further intended to provide a certification pathway to validate the understanding of course material based on successful completion of the course and demonstrated mastery of its material. Participants who successfully complete this course will receive a certificate of completion and continuing education credits, and may opt to take a certification examination, which will be valid for 2 years. A recertification class will be offered, to allow participants to demonstrate continued mastery and also to educate practitioners about updates related to changes in standard of care, clinical guidelines, and compliance.

Those participants who choose to pursue certification from our program are required to score a combined 85% on a written and practical examination written, reviewed, and tested by our faculty. Further validation to our examination is based on test market sampling and adjusted cumulative scores with statistical analysis to a true mean. Exam questions will be clinically-based, similar in content to approved national board format, and directly related to areas that are perceived to be weaknesses to this provider population. The Planning Committee and Faculty is composed of board certified physicians, Nurse Practitioners, and Physician Assistants, each whom have both clinical and administrative experience with the hiring, interviewing, and retention process, as well as the compliance and billing expertise required in today's medical environment. Our providers have combined experience as Medical Directors, Department Chairs, Expert Legal Witnesses, Clinical Professors, Paramedics, and educators with over 100 years of combined clinical experience. Active clinical practice is a core requirement.

Providers who earn certification will receive a letter of reference from our Medical Director, Course Director, faculty physician, Nurse Practitioner Education Director, and Physician Assistant Education Director, as applicable by program. It is our hope that those who choose to certify with our program will use this supporting documentation to gain employment in the field of their choice, and that it will be accepted as additional verification of their clinical competency.

Advanced Practice Provider Clinical Skills Workshop 1

Program Description

“Advanced Practice Workshop for Primary, Urgent, and Emergency Care” is an intense, comprehensive 2-day course designed to incorporate lectures, video, handouts, simulation, and hands-on education of learner participants to bolster their respective professional education. The primary focus of this course is to supplement education and provide confidence in skills identified as areas of weakness for providers who are newly out of training, transitioning from one medical specialty to another, or wish to enhance their current practice with currently accepted medical care and clinical guidelines. There will be an additional focus to maximize compliance with federally mandated Physician Quality Reporting (PQRS) measures related to course content.

Program Audience

This course is designed for Physician Assistants and Nurse Practitioners who plan to practice in a primary care, urgent care, or emergency department setting. It is also open to practitioners from all other specialties who wish to maintain their skills or learn additional skills to enhance their practice. It is designed for a wide spectrum of providers ranging from those who do not have immediate life-saving capabilities on hand to those who work in trauma centers. It is intended to serve as a reinforcement of skills to identify patients who may have lethal emergencies and reinforce identification of patients who need transfer to a facility with a higher level of care, and to recruit attending physician support in a reliable, appropriate, and resource-based fashion.

Core Program Faculty

The Program will be designed, planned, and educated by a committee that includes at the minimum one Physician, one Physician Assistant, and one Nurse Practitioner, each certified by their respective certification boards. Core Faculty includes the following Members:

Robert P. Beatty, MD FACEP, Board Certified by the American College of Emergency Physicians (ACEP)

Rachel L. Beatty, MSN, FNP-BC, AG-ACNP-BC, CEN Board certified by the American Nurses Credentialing Center (ANCC)

In addition to core representation from each certification pathway (Nurse Practitioner and Physician Assistant), the course will have a Medical Director, Course Director, additional Physician

Teaching Faculty, and additional Advance Practice Provider Faculty. The Corporation is structured in such a way to expand course material and content to reach a wide variety of clinical audiences, and also expand staff to focus on individual markets for course delivery.

Learning Objectives of Course

The overall objective for this course will be to provide a structured supplemental skills training program that will allow the participant to broaden their basic clinical knowledge base, and also provide prospective employers, supervisors, and, when applicable, hospital credentialers documentation of their mastery of this material in the form of a certification that will be earned by passing an examination at the end of the program. All participants will receive credit for completing the course, but only those who demonstrate mastery of the material will receive certification.

Certification will not coincide with any known licensing board, academic program, university or affiliate, or accredited training program, but will provide verification of content understanding for those who achieve this distinction. Certified providers will also receive a signed letter of verification from the supervising physician teaching their course that will serve to accompany their credentialing file.

The course will be divided into two comprehensive days of education, each day containing a morning and an afternoon session. Morning sessions will be divided into 1 hour lecture blocks that focus on specific clinical content, and allow for interactive discussion, question and answer, and clinical examples. Afternoon sessions will be dedicated to procedure workshops that are scheduled in tandem with previously presented clinical content to reinforce and enhance clinical content presented. Please see sample schedule for further reference. Upon completion, the Participant will be eligible to claim up to 15 hours of CE/CEU/CME credit for the course, and may be eligible to receive certification status. The objectives of each portion of the program are as detailed below:

Cardiac Disorders– To enhance the provider’s understanding of basic principles of cardiac circulation, and to reinforce a systematic method of interpreting EKG’s to identify critical abnormalities that need immediate management by supervising physicians. These specific abnormalities include:

1) ST Elevation Myocardial Infarction (STEMI) in the inferior, lateral, inferolateral, anterior, anterolateral and posterior sections of the heart. (15 Minutes)

Learning Objectives: 1) To identify usual patterns of ST Elevation MI, 2) To identify patients with likelihood of multi-vessel disease, 3) To understand treatment modalities, pharmacology, and current guidelines for management of STEMI. 4) To review current management theory of STEMI in relation to use of Beta Blockers, Platelet Inhibitors, and other classes of cardioselective medications.

2) Ventricular Tachycardia (15 Minutes)

Learning Objectives: 1) To understand morphology of VTACH and differentiate from mimics, 2) To understand safe treatment choices, 3) To consider additional cardiac diseases in patients with VTACH. (15 Min) 4) To reinforce management of ventricular tachycardia using Class 1a medications, Amiodarone, and other cardioselective medications.

3) Atrial Fibrillation (15 Minutes)

Atrial Fibrillation with Rapid Ventricular Response
Atrial Flutter
Slow Atrial Fibrillation

Learning Objectives: 1) To understand causes of new onset Atrial Fibrillation, 2) To differentiate from and treat variants of atrial fibrillation, 3) To understand appropriate disposition of Atrial Fibrillation patients. 4) To review common cardioselective medications – Beta-Blockers, Calcium channel blockers, for management of Atrial fibrillation.

4) Torsades des Pointes (15 Minutes)

Learning Objectives: 1) To differentiate TDP from VTACH, 2) understand how to appropriately treat TDP, 3) Learn to predict patient populations like to have TDP, 4) To under-

stand electrolyte replacement strategies for potassium and magnesium in the setting of renal failure and other clinical conditions known to cause torsades de pointes.

5) 1st, 2nd, and 3rd degree AV Blocks (15 Minutes)

Learning Objectives: 1) To understand and identify differences between each type of AV block, 2) To understand treatment needs of each type of Block, 3) To understand modalities of treatment and specialist role of management.

6) Multifocal Atrial Tachycardia (15 Minutes)

Sinus Tachycardia

Learning Objectives: 1) to understand the various types of tachycardia, 2) To place tachycardia into a broad clinical differential, 3) Understand what treatment options are specific to each type of tachycardia. 4) To consider the relative effect of Beta-Blockers, sympathomimetic agents and bronchodilators on heart rate when managing COPD.

7) Bundle Branch Blocks (15 Min)

Learning Objectives: 1) To understand the types of cardiac blocks, 2) To clinically correlate cardiac blocks with relative underlying diseases, 3) To interpret STEMI through a bundle branch block using Sgarbossa Criteria.

Program Participants will gain confidence and learn how to differentiate these rhythms and morphologies from each other. Additional objectives of this portion of the program will be to comfortably identify EKG abnormalities in a random fashion and in combination with the patient's clinical picture. Finally, any relevant Core measures and PQRS standards will be reviewed and their applicability applied to the appropriate clinical environment.

Pulmonary (1 hour)

The objectives of this program portion will be for each participant to perform the following parts of basic patient examination:

8) Basic Airway and Breathing Assessment (15 Minutes)

Learning Objectives: 1) Identification of suspected airway obstruction, 2) Identification of Stridor and likely causes, 3) Understand when to suspect non-traumatic of Pneumothorax and patient populations involved.

9) Additional Objectives will be to reinforce current decision-making rules for ordering of appropriate tests, and anticipating procedural intervention (15 Min). These include:

Application of Wells Criteria for Pulmonary Embolism
Application of the PERC rule
Identification of populations who are at high risk for Pulmonary Embolism
Appropriate use of the D-Dimer
Prediction of severity of Asthma using Peak Flow Meter
Understand the mechanisms of common bronchodilators for management of Asthma and COPD.
Understand selection strategies for anticoagulants (Heparin, LMWH, Xa Inhibitors in the setting of PE/DVT.

Procedural Objectives will be to intervene with appropriate management when clinical conditions arise. These procedures will include:

10) Tracheostomy replacement (for patients with routine established tracheostomy) (15 Minutes)

Learning Objectives: 1) To understand the different types of tracheostomy tubes, 2) To understand how they are placed and maintained, 3) To become comfortable with tracheostomy exchange in patients with mature stoma.

11) Needle Decompression (15 Minutes)

Learning Objectives: 1) To understand the indication for Needle Decompression, 2) To understand the principle behind the procedure of needle decompression, 3) To demonstrate clinical ability of placement of needle thoracostomy.

12) Chest Tube Insertion (using percutaneous kit) (30 Minutes)

Learning Objectives: 1) To understand the indication for chest tube insertion, 2) To differentiate between different types of chest tubes and their indications, 3) To demonstrate clinical ability to insert a chest tube. 4) Understand the procedural analgesia approach of regional nerve block, chest wall nerve block, and intrathoracic nerve block prior to procedure.

Practice-related objectives will include education and adherence to appropriate quality-based treatment decisions and documentation related to asthma, bronchitis, upper respiratory infection, and other common pulmonary complaints.

Additional focus will be placed on provider quality reporting measures, complete documentation, and other tools designed to maximize medical communication through improved documentation while increasing charting compliance and reducing reviews and payment denials to supervising physicians.

Radiology

This portion of the program is intended to be an enhanced review of the various types of radiology studies, appropriate utilization and technique of the studies being ordered, and quality-based decision-making related to studies that are part of the PQRS program. This will be a system-focused portion of the program, with the primary objective being to educate the participant that a broad differential diagnosis should be considered when examining each patient, and to reinforce the need to apply this broad differential when ordering studies and treatment. Each section of the human body will be presented to the participant, who will be given a comparison course book with normal anatomy to compare to a sequence of pathologic radiographs for review, comparison, and diagnosis. The intent of these modules is not to expect the participant to memorize and learn the details and nuances of a variety of fractures, but to learn mechanisms and patterns of disease and fractures that should be considered and identified in routine practice.

In addition to plain film ordering and fracture diagnosis, learning about the appropriate immobilization/splinting and referral for routine fractures will also be taught with the objective that each participant have a working understanding of which fractures types require emergent management, urgent follow-up, routine follow-up, or expectant management. Paramount to practicing in the role of an Advanced Practice Provider will be the ability to communicate fracture findings to the receiving consultant, and the appropriate nomenclature will be reinforced. It will be an objective to present and briefly discuss the origin of each of the following radiographic findings:

13) Chest/Abdomen (1 Hour)

Learning Objectives: 1) To differentiate between the different types of abdominal imaging. 2) To understand the indications for oral and IV contrast for CT imaging, 3) To understand different studies indicated for different patient populations (i.e. pregnancy), 4) To demonstrate ability to interpret plain radiographs of the chest and abdomen:

- Pneumonia
- Pneumothorax
- Hemothorax
- Hiatal hernia
- Perforated viscous
- Pneumopericardium
- Pneumomediastinum
- Pericardial effusion
- Pleural effusion
- Empyema
- Rib fractures
- Shoulder/humerus fractures
- Scapula fractures
- Clavicle fractures
- Signs of high impact injury

- Constipation
- Bowel Obstruction
- Porcelain Gallbladder
- Gallstones
- Foreign Bodies

14) Spine (45 Minutes)

Learning Objectives: 1) To associate mechanism of injury with type of fracture, 2) To understand stable versus unstable fractures of the cervical spine, 3) To learn appropriate clearance of the cervical spine, 4) to demonstrate inline mobilization and placement of a cervical collar. 4) To understand the role of specialty consultation and referral with cervical spine fractures:

- X-ray interpretations
- Long board and collar removal
- Unstable Fractures
- Mechanisms for common fractures
- Immobilization
- Correct studies
- Correct consult and referral

15) Nexus Criteria (15 Minutes)

Learning Objectives: 1) Understand appropriate use and application of the clinical decision rule for cervical spine clearance. 2) Understand limitations to NEXUS application, 3) Understand appropriate documentation of clinical decision rule and outcome.

16) Other spinal fractures and considerations (30 Minutes)

Learning Objectives: 1) Understand additional spinal fractures and their management, 2) Understand resource utilization and clinical utility of imaging in low back pain. 3) Understand and identify life-threatening and disabling disorders of the back, and their appropriate diagnosis and referral, 4) Correlate clinical findings to radiographic findings for back pain and other disorders of the spine:

- Plain film reading
- Lumbar spine imaging
- Cauda Equina syndrome
- Epidural abscess
- When to order an MRI
- Neurological exam findings

17) Upper Extremity images (1 Hour)

Learning Objectives: 1) To understand mechanism and expected fracture associations, 2) To identify common fracture patterns on plain radiographs, 3) To understand appropriate disposition of various fracture types, 4) To understand the appropriate immobilization needed for upper extremity injuries.

- Shoulder dislocations and reduction techniques without sedation
- Hill-sacs deformity
- AC separation
- Humeral head fracture
- Humeral neck fracture
- Surgical neck fracture
- Supracondylar fracture (pediatrics)
- Elbow dislocation and reduction
- Radial head fracture

- Galeazzi fracture
- Monteggia fracture
- Distal radius fracture
- Ulnar fracture
- Nightstick fracture
- Greenstick fracture
- Hand Fractures
- Carpal fractures and dislocations
- Metacarpal fractures
- Boxers fracture
- Finger fractures
- Fingertip amputations
- When to consult ortho

18) Pelvis and lower extremity images (1 Hour)

Learning Objectives: 1) To correlate injury type and mechanism with expected fracture patterns on plain films. 2) To understand which fractures need emergent reduction and consultation. 3) To understand method of routine disposition, 4) To understand which types of immobilization are required for management of lower extremity

- Pelvic Fracture
- Acetabular Fracture
- Hip Fractures
- Femur Fractures
- Knee hyperextension and vascular injury
- Patellar Fracture
- Tibial Plateau Fracture
- Maisonneuve Fracture
- Tib/Fib Fractures
- Bimalleolar Fracture
- Trimalleolar Fracture
- Tarsal Fracture
- Tarsal Dislocation
- Lisfranc Fractures
- Metatarsal Fractures
- Dancer's Fracture
- Toe Fractures
- Distal Toe Amputations

19) Skin and Soft Tissue Conditions (30 Minutes)

This portion of the program is designed to provide participants with a structured, systematic process to evaluate all skin lesions as they present frequently in the primary care, urgent care, and emergency department setting. The objective will be for all participants to gain a level of comfort excluding life-threatening skin conditions prior to treating them, and also have the confidence to better communicate their findings to higher levels of care. These conditions will include the following:

- Emergent Rash Identification (meningitis, Stevens-Johnson Syndrome, Erythema Multiforme, Toxic Epidermal Necrolysis, Necrotizing Fasciitis)
- Cellulitis
- Abscess
- DVT identification and decision rules with D-Dimer

- Burn Care
- Burn Referral Criteria
- What not to send home.
- Understand anticoagulation options for DVT (Heparin, LMWH, Factor Xa Inhibitors) and their utility in the clinical setting.
- Understand regional injection for analgesia prior to abscess incision and drainage.
- Understand medication choices for routine management of mild to moderate allergic reactions (Epinephrine, Diphenhydramine, H2 Blockers, and Steroids).

Procedures

This portion of the program will allow the participant to practice a variety of common procedures performed in the primary care office, urgent care, or emergency department setting, and is timed and organized to complement the clinical didactic section presented on the same days. Participants will be given the latest mannequin and simulation products to practice and improve their techniques. The Objective of this portion is to educate and demonstrate proper technique to perform these procedures, and to reinforce the confidence level of the practitioner to perform these procedures in the clinical setting. In addition, relevant pharmacologic interventions will be presented as clinically appropriate to procedure being performed. Skill will be assessed and scored by the teaching faculty, and performance review will be included along with the written didactic test for those wishing to be certified. The complete procedure list will consist of many physical stations during the program, but due to supply availability, discontinued stock, or other logistical reasons, not every skill session may be available on the date(s) of the training program. The Corporation will make every effort to ensure that the following procedure stations are available at each course:

- Needle Decompression
- Chest Tube insertion
- Tracheostomy replacement

20) Upper Extremity Fracture reductions (30 Minutes)

Learning Objectives: 1) To understand when emergent reduction of the upper extremity is indicated. 2) To understand the role of sedation with upper extremity reduction, 3) To demonstrate proper reduction techniques.

21) Upper extremity splinting (Long Arm, Short Arm, Sugar Tong, Ulnar Gutter) (30 Minutes)

Learning Objectives: 1) To understand the different types of splints used for upper extremity immobilization. 2) To demonstrate appropriate clinical skill for placement of splints on the upper extremities. 3) To demonstrate technique for post-splint examination.

22) Upper extremity joint aspiration (30 Minutes)

Learning Objectives: 1) To identify the indications for upper extremity joint aspiration. 2) To demonstrate landmarks used for identification of aspiration site, 3) To demonstrate clinical skill to perform joint aspiration.

23) Trigger Point Injection (15 Minutes)

Learning Objectives 1) To understand clinical diagnosis of trigger point. 2) To understand indications for trigger point injection. 3) To demonstrate clinical skill of joint aspiration.

24) Nail Trephination and Nail Removal (15 Minutes)

Learning Objectives: 1) to identify clinical indications for trephination versus removal of the nails. 2) To identify high risk populations related to this procedures (diabetics, smokers), 3) To understand clinical outcomes of this procedure

25)Punch Biopsy (15 Minutes)

Learning Objectives: 1) To identify lesions that require biopsy in the primary care setting, 2) To describe the procedure and risks of benefits to the patients, 3) To demonstrate skill of performing the procedure.

26)Foreign body/fish hook removal (15 Minutes)

Learning Objectives: 1) Understanding of various types of soft tissue foreign bodies and their appropriate management. 2) Understanding of fishhook injuries in general and different techniques for removal. 3) Demonstration of understanding of safe ways to perform foreign body removal from soft tissues.

27)Introduction to Suturing (30 min)

Learning Objectives: 1) To understand and differentiate the different types of suturing techniques that are commonly used. 2) To understand which types of repair are needed for different tissue injuries and lacerations 3) to demonstrate appropriate selection of closure technique. 4) To demonstrate clinical skill and mastery of each type of suture technique and knot tying. 5) To understand multiple-layer injuries and the appropriate technique for closure of each tissue layer. 6) To understand the appropriate documentation for all laceration repairs. Techniques, knots, and topics will include the following:

- a. Simple interrupted
- b. Simple running
- c. Mattress
- d. Subcutaneous/multi layer
- e. Staple
- f. Skin adhesive
- g. Surgeons knot
- h. Buried knot
- i. Documentation for complexity

28)Local injection, digital blocks, Hematoma Blocks (30 Minutes)

Learning Objectives: 1) To understand different techniques for local anesthesia, including topical applications, 2) To understand the anatomical landmarks, risks, and benefits of, and procedure for digital block, regional joint block, and hematoma block, 3) To demonstrate skill and performance of digital block.

29)Lumbar Puncture (30 Minutes)

Learning Objectives: 1) To understand the indications, contraindications, and purpose for performing a lumbar puncture. 2) To understand the lumbar puncture as a procedure and the core studies that should be ordered with a CSF sample. 3) To demonstrate procedural skill by performing a Lumbar Puncture.

30)Incision and Drainage of Abscess (15 Minutes)

Learning Objectives: 1) To differentiate clinically between an abscess, sebaceous cyst, infected sebaceous cyst, and soft tissue mass. 2) To understand the common approach to incision and drainage of an abscess. 3) To demonstrate clinical procedural ability to perform incision and drainage.

31)Joint Reduction (30 Minutes)

Learning Objectives: 1) To anticipate the type of joint dislocation based on mechanism, anatomic position of extremity, and patient presentation. 2) To understand the correlation of radiograph findings and reduction approach. 3) To differentiate between the different types of reduction approaches, 4) To know when operative management is warranted, 5) to understand referral and post-reduction management. Joints educated will include:

- a. Patella Reduction

b. Ankle Reduction

c. Hip Reduction

32) Lower Extremity Splinting (30 Minutes)

Learning Objectives: 1) Understand appropriate splint application for lower extremity injuries. 2) Identify radiographic correlation to splint placement, 3) Demonstrate clinical procedural skill and placement of lower extremity splints.

33) Lower Extremity Joint Aspiration (30 Minutes)

Learning Objectives: 1) Understand indications for joint aspiration. 2) Understand diagnosis of condition based on fluid sample. 3) Understand procedural approach to joint aspiration and proper technique. 4) Understand contraindications of joint aspiration. 5) Demonstrate clinical procedural skill of joint aspiration.

34) IO Access (15 Minutes)

Learning Objectives: 1) Understand indications, contraindications, complications, and utility of Intraosseous lines as alternative types of venous access. 2) Identify and understand common sites of Intraosseous line placement and techniques for insertion. 3) Demonstrate clinical procedural skill of Intraosseous insertion

35) Central Venous Catheter Insertion (45 Minutes)

Learning Objectives: 1) Understand indications, contraindications, complications, utility, and site preference of central venous catheter insertion. 2) Understand procedural technique, approaches to common difficulties with the procedure, and correct placement confirmation. 3) Demonstrate clinical procedural skill of Intraosseous line insertion.

36) Optional Comprehensive Course Test (1 Hour)

Learning objectives: 1) Combine clinical, procedural, quality, and management goals educated in this program into a review test designed to cement course content into the Learner's core knowledge content. 2) Apply medical decision-making to board-style review questions with a goal to achieve a raw score of 85%. 3) Gain confidence and verification of knowledge that can be transferred to an application packet and used as a resource for the learner.

Emergency Medicine Specialty Courses

Provider Practice Essentials will offer focused training and board review courses for Nurse Practitioners and Physician Assistants wishing to apply credits earned towards certification within their individual certification boards. Provider Practice Essentials will maintain accreditation through an appropriate organization that will allow credits to be applied toward these requirements. The participant acknowledges that application of earned credits toward this additional certification requirement will be at the ultimate discretion of the board certifying the participant, and will hold Provider Practice Essentials and its subsidiaries harmless from claims resulting in fewer credits than anticipated being applied toward certification. Provider Practice Essentials has been accredited in good faith by the American Academy of Nurse Practitioners to award all credits advertised on their website to apply toward specialty certification by the American Academy of Nurse Practitioners Certification Board (AANPCB). Ultimately, the decision of the AANPCB will determine the total number of credits applied. At the time of this publication, the AANPCB is the only certification board offering board certification in Emergency Medicine. The American Nurse Credentialing Center (ANCC) currently accepts all credits granted by the AANP, but does not have a specialty certification in Emergency Medicine. The American Academy of Physician Assistants (AAPA) offers a Certificate of Added Qualification (CAQ) in Emergency Medicine and gives that guidance that "PAs are encouraged to use their best judgment when determining whether individual CME activities are related to emergency medicine, understanding that those credits may be subject to a CME auditing process." Provider Practice Essentials endorses that all AANP credits are historically interchangeable with both the ANCC and AAPA requirements in this regard. Participants in this program are encouraged and recommended to contact their certification board(s) to confirm that requirements are suitable for their goals.

Board Review Courses

Provider Practice Essentials will utilize any public information available to design focused board review materials by specialty. Using Emergency Medicine as an example (but limited to this specialty), new specialty certifications or those that have changed their requirements will have very limited information regarding their material. Provider Practice Essentials will provide numerous materials in the form of lecture, review, test questions, and resources aimed at providing a well-rounded review approach to commonly tested material across the specialty. We do not warrant ourselves as having any inside information or unique details that give us an academic edge for board examination preparation or content. Participants of our board review series understand that no organization other than the one writing and validating the actual certification examinations will have any knowledge about specific board material other than commonly tested topics, topics routinely found in practice within the specialty, and any material published for general review by the organization which we provide review materials for. Participants acknowledge that academic learning and application of clinical concepts is an individual process, and education of material does not inherently guarantee mastery of skills or transference of the knowledge base necessary to successfully pass a written or practical board exam. Participant further acknowledges that our board review materials are little more than a tool to focus on learning objectives in an organized fashion, and in no way represent the actual experience of board certification examination.

Medium used for Program

Given the diversity of both didactic and procedural training in this program, a combination of printed, web-based, computer-based, video, audio, and mannequin-supported simulation media will be used, where appropriate, to deliver the intended training content. In addition, authentic medical supplies will be used for all portions of the procedure education. Participants will be given an additional resource kit for their own practice as part of the course.

Evaluation Process

At the end of the course, each participant will complete a survey, either in written or electronic format, to comment and give feedback on key components of the program and its faculty. Please see the attached sample survey for more information.

Commercial Involvement

All components of this Program are free of commercial control influence. To that end, there are no preferred brands, trademarks, affiliations, or other entities that have been or will be given access to any aspect of this program, not limited to the identification of CME needs, determination of education objectives, selection and presentation of content, selection of all individuals of and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. There is no partnership, accredited or non-accredited with any commercial interest as a joint provider. All content and format of this activity is free of commercial bias and constructed for the sole purpose of communicating and educating patient care methods and clinical practice guidelines in the interest of improving the delivery of patient care. Wherever possible, generic names are used without intended reference to specific brand names, and no connection between a brand name and any affiliation is inferred. Supplies for this program are obtained through numerous third party outlets, and do not represent a contracted relationship between any branded material, their manufacturer, and the provider of this educational activity. CORPORATION will disclose to all learners any Faculty, educational planning committee members, and other individuals determined to hold a position requiring disclosure of relevant financial relationships, and will disclose the name of the individual, name of commercial interest(s), and the nature of the relationship the individual has with each commercial interest. If an individual has no relevant financial relationship(s), learners will be informed that no such relationship exists. Learners will be informed of any commercial support for this program, should it exist, and the nature of this support will be disclosed if the commercial support is "in kind." All

providers who are in a position to control the content of this educational activity and have a relevant financial relationship within the past 12 months that creates a conflict of interest must disclose this relationship and the provider will document such disclosures. Any individual who refuses to disclose any financial relationship(s) will be disqualified from any participation in any educational activity, in any form, and may not participate with any components of CME activities within Corporation. All members of the CORPORATION educational team will have any and all conflicts of interest resolved prior to their participation of any aspect of CME activities. Resolution of Conflicts of interest will be resolved in accordance with the designated policies of any affiliated body providing CME credits, including the American Academy of Physician Assistants, The American Academy of Nurse Practitioners, and the American Medical Association, as applicable to the credentials conferred to the specific educational activity in question.

Appropriate Use of Commercial Support

1. THE CORPORATION will make all decisions regarding the disposition and disbursement of commercial support.
2. THE CORPORATION will not be required by a commercial interest or its surrogate to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest or its surrogate as conditions of contributing funds or services.
3. All commercial support associated with a CME activity will be given with the full knowledge and approval of THE CORPORATION.
4. The terms, conditions, and purposes of the commercial support will be documented in a written agreement between the commercial supporter and the provider that includes its educational partner(s), if applicable. The agreement will include Corporation (party responsible for activity execution) even if the activity has an educational partner or joint provider.
5. The written agreement specifies the commercial interest that is the source of commercial support. Both the commercial supporter and THE CORPORATION have signed any written agreement between the commercial supporter and THE CORPORATION.
6. THE CORPORATION has written policies and procedures governing honoraria and reimbursement for out-of-pocket expenses for planners, faculty and authors.
7. THE CORPORATION, any joint provider, or designated educational partner will directly pay any faculty or author honoraria or reimbursement for out-of-pocket expenses in compliance with our own written policies and procedures, and any individually contracted arrangements.
8. No other payment shall be given to the director of the activity, planning committee members, teachers, faculty, or authors, joint provider, or any others involved with the supported activity.
9. If teachers, faculty or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses will be reimbursed and honoraria will be paid for their teacher, faculty, or author role only.
10. Social events or meals at CME activities will not compete with or take precedence over educational events.
11. THE CORPORATION will not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher, non-faculty or non-author participants of a CME activity. THE CORPORATION may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of THE CORPORATION, joint provider or educational partner.
12. THE CORPORATION will maintain accurate documentation detailing the receipt and expenditure of the commercial support as well as all other funds.

Appropriate Management of Associated Commercial Promotion

1. Arrangements for commercial exhibits or advertisements do not influence planning or interfere with the presentation, nor are they a condition of the provision of commercial support for CME activities.
2. Product promotion or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided.
 1. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements).
 2. Promotional activities are kept separate from CME.
 3. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
 4. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of a provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content.
 5. For audio and video recording, advertisements and promotional materials will not be included within the CME.
 6. There will be no 'commercial breaks.'
 7. For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
 8. For Journal-based CME, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.
3. Educational materials that are part of a CME activity, such as slides, abstracts and hand-outs, may not contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
4. Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion materials or product-specific advertisement.
5. THE CORPORATION will not use a commercial interest as the agent providing a CME activity to learners, e.g. distribution of self-study CME activities or arranging for electronic access to CME activities.

Venue Selection

Educational activities that occur in a hotel or other privately owned building are scheduled in advance and contracted between the venue and THE CORPORATION. This contracting process does not create or imply that any form of commercial support from the venue to THE CORPORA-

TION exists. Contracts are negotiated for venue as part of usual business to secure a training location, and are not tied to the type of education. Any additional venue services (reduced hotel rates, meals, discounts, etc.) are the result of the negotiated and contracted event service between THE CORPORATION and the venue, and are independent of any CME activity. Such services are not intended to imply that any preferred vendor relationship, commercial influence, or commercially driven educational content exists.

Room Reservations and Hotel Booking

Hotel accommodations may be booked several ways during the registration process. Customers may book online via a direct link to the hotel, which is provided on each registration page, or by calling the hotel directly to arrange room reservations. Customers referred to our website by our partners may choose to pay an all-inclusive price through our website at the time of registration. This payment is made to the CORPORATION, and reservation requests are forwarded to the hotel for approval and booking. CORPORATION does not make any guarantee regarding room availability, and has asked hotels to notify them when rooms or specific room types are not available. Hotels have been asked to provide customers with confirmation codes to confirm reservations have been made. In the event a hotel sells out prior to a customer booking a room, either the hotel, the corporation, or both will make a good faith effort to contact the customer and notify them that a room is no longer available at the property they requested, and seek alternative arrangements. Room reservation refunds, if needed, will be subject to a \$50 service charge by the corporation, and will be treated as separate from, but held to, the same refund policy for payments (i.e. a refund may be given for a room reservation separately from a refund for the course fee). The total amount of a room reservation refund will be the stated price of a package without a room reservation, minus \$50. CORPORATION assumes no liability for unavailable or lost room reservations not recognized in a reasonable time by the customer. Customer agrees to hold corporation harmless from damages resulting from failure to secure a room reservation, including lost airfare, travel costs, higher room costs at other hotels, lost course registration charges, and any and all other costs alleged to be incurred as a result of unavailable or lost room reservations. Customer agrees that all room reservations are their responsibility to confirm, maintain, and verify, and that the CORPORATION is providing a service to merely assist them with making reservation(s).

Rescheduling Policy

The Customer understands that by reserving a seat in one of the corporation's programs, they are assuming liability for changes that may effect course income, either directly or indirectly. Customer further understands that the costs to corporation to hold a single event includes food and beverage minimum fees, minimum room rental blocks, and other expenses that are budgeted, in advance, before the course date - often times months in advance. Customer understands that rescheduling of their reservation (makeup course) may subject the corporation to lost deposits, fees, and penalties charged by hotels and/or venues, which may not be recoverable at certain venues. For these reasons, all requests to reschedule reserved program dates will require a \$250 rescheduling fee. In addition, prepayments for hotel costs made to the corporation will be non-refundable. Corporation reserves the right to reschedule courses based on unexpected conditions, natural disasters, or other unforeseeable events that are detrimental to the operation of the scheduled program. In the event such cancellation is necessary, Customers will be rescheduled for the next available program at their convenience. A maximum of 1 scheduled change is permitted per customer. Customer understands and agrees that all fees paid to attend course may be non-refundable if they are unable to attend their originally scheduled course and a makeup course.

Refund Policy

All payments are fully refundable minus a \$250 reservation fee 91 days or more prior to the start of the event. Any refunds requested between 90 and 61 days prior to the event will be subject to a 50% refund of the total amount paid. Any refunds requested between 60 and 31 days prior to

the event will be subject to a 25% refund of the total amount paid. No refunds will be given within 30 days of the scheduled event.

Online Membership Terms and Conditions

Registration for this course includes a complimentary one year membership to our online clinical resources portal. The intent of this portal is to collaborate with providers, share information, and provide resources that will allow the user to accumulate additional CME credits for the material they read and activities they participate in. The portal will have a focus to provide current literature, clinical decision tools, cumulative CME credits for viewed material, important topic reviews, discounts for future courses, practice-related calculators, and medication dose calculators and guidelines. Unless cancellation is requested specifically in writing, there will be an annual charge of \$49.99 for recurrent membership to this benefit, which will be charged on the anniversary of the course that was attended.

Cancellation Policy

The corporation reserves the right to cancel classes due to inability to register a minimum number of participants deemed necessary to conduct normal business. Further, it is understood by all parties that the Corporation will be held harmless for cancellations related to weather, force majeure, acts of god, or other reasons stipulated by the venues contracted by corporation as a result of their cancellation and inability to host this program. The Corporation reserves the right to enforce the refund policy above, and may make exceptions on a case-by-case basis.

Social Media Policy

Provider Practice Essentials, Incorporated will use social media as a platform to advertise, enroll, recruit, and network with businesses, clients, facilities, certification boards, colleges, universities, and other entities that it deems fit for the usual operation of its business practice. It is understood that such a platform permits two-way and third party discussion in the form of posts, threads, satisfaction feedback, and reviews. Corporation reserves the right, within the boundaries and contractual obligation of the social media platform that it uses, to remove reviews, posts, comments, pictures, or any other content that it deems as inappropriate, inaccurate, slanderous, derogatory, or otherwise harmful to its usual business operations. Further, THE CORPORATION reserves the right to pursue legal enforcement and protection of its business entity in accordance with any local or federal statutes preserving the rights of free trade, business protection, personal protection, or other statutes as deemed appropriate for enforcement by its members.

Notification of Allergy-Sensitive Materials

In an effort to maintain availability of materials, remain competitive as a education program, and provide the most current and advanced materials for your education experience, it is impossible for us to provide a latex-free environment. If you have a latex allergy, or are sensitive to latex products, please consider that you will be in a room that contains, and in close proximity to latex-based simulation mannequins, hands-on suture material/simulators, and additional medical equipment that will contain latex. If you are concerned that you have a severe latex allergy, that may become a life-threatening condition, it is your responsibility to consider this course and determine if it is a safe fit for your safety. The Corporation will not assume any liability for any injury that you incur should you choose to take this course with a known allergic condition.

Injury

By participating in this course I acknowledge that I will be using equipment that may cause physical injury to myself or others. I will govern myself accordingly and will not hold Provider Practice Essentials liable for any injury that occurs during this program. I forever waive my right to litigate against Provider Practice Essentials, and hold them harmless from any claims that result from my injury.

Participant Agreement

By signing below, or clicking electronically, or submitting payment, I acknowledge that I have reviewed all items in this document, verify that the course description and objectives enclosed herein is accurate and correct, attest that I am an appropriate member of the target audience for this education opportunity, and have read, understand, and agree with all aspects of this summary document, terms, and conditions. I have read, understand, and agree to the terms of the refund policy. Further, I forever release and forever hold harmless Provider Practice Essentials, Incorporated and any affiliated contracted entities, related or unrelated this activity, including faculty members, planning committee members, joint corporations, contracted vendors, and contracted venues from all liability related to personal, emotional, physical, or any other injury, damage, tort, or specific or nonspecific outcome that occurs during this educational session.

I understand that this course is neither a replacement for board certification by an accredited board, nor a replacement for actual patient contact and experience, and may not qualify for CME, CE, or CEU credits that are required by the licensing board(s) under which I am currently licensed. I further understand that my board or credentialing agency may require that I submit my certificate of completion for consideration of awarding education credit, and that if such credit is not awarded, it is not the responsibility of Provider Practice Essentials or its agents to pursue. Further, I acknowledge that certification from this program reflects attendance and mastery of the course material hereto attached, and expires 1 year from the date of course completion. It is understood that certification is optional and does not represent itself to be a substitute for a formal training degree, credential, or other board certification.

Inherent in this agreement is my release to have my photograph taken as part of course documentation, course advertisement, website publication, and any other use deemed appropriate for the normal business operation of the corporation. I understand that in the event I do not wish to be photographed, I will inform staff members on site, on the first day of my activity prior to starting my education activity. Provider Practice Essentials, its subsidiaries, its agents, faculty, and board will ensure that your privacy is respected. I acknowledge that in the event I do not wish to be photographed, I will make every effort to remove myself from any photographic location.

I agree that Provider Practice Essentials, its agents, subsidiaries, parent companies, and all contracted and affiliated entities are forever held harmless from any malpractice claim alleged to have been caused due to medical error or misunderstanding on my part, intentional or unintentional, and is hereby released from any patient outcome, positive or negative, as a direct or indirect result of this educational experience.

I acknowledge that I am responsible for my own clinical decisions, and will present any clinical situations I am uncertain about to my supervising physician, when applicable, at the time of their occurrence. I have read and understand the hereunto-attached policies related to conflict of interest, commercial bias and influence, and disclosure of faculty and acknowledge that the Faculty has adhered to this policy. Finally, I understand that this course, completion of this course, and certification of mastery, if applicable, in no way warrants, represents, or guarantees any offer of employment, future employment, or contractual agreement with any entity to provide clinical or educational services.

Signature

I acknowledge that my clicking the "make payment" button or its equivalent, completing the registration for this program, and /or processing payment for this course shall serve as my legally binding signature and agreement to these terms and conditions.

