YOU ARE CORDIALLY INVITED TO ATTEND:

ADHD in Primary Care Update

Ideal for pediatric and family medicine faculty, fellows, and residents

University of Iowa Stead Family Children's Hospital
Center for Disabilities and Development

Friday, October 18, 2019

8 a.m. to 5 p.m.

University of Iowa Stead Family Children's Hospital Center
for Disabilities and Development
Rembolt Conference Room, Level 1
100 Hawkins Dr., Iowa City, IA 52242*

OBJECTIVES

- Understanding epidemiology and risk factors for ADHD
- Identification of commonly used screening tools for ADHD and how to interpret them
- Discussion of medication treatment, including management of adverse effects
- How to screen for comorbid conditions

The University of Iowa Roy J. and Lucille A. Carver College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Iowa Carver College of Medicine designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

REGISTRATION

Please register by September 20, 2019.
Complete this registration form and return it with your check or money order payable to Center for Disabilities and Development to:
Heather Roman
100 Hawkins Drive, S350 CDD
Iowa City, IA 52242.
heather-roman@uiowa.edu

* Please park in Parking Ramp 3.
  Metered parking outside CDD is reserved for CDD patients ONLY.

PRESENTERS

Lane Strathearn, MD, PhD

Dianne McBrien, MD

Marcio Leyser, MD, MSc, PhD

Shruti Tewar, MD

Tammy Wilgenbusch, PhD

Individuals with disabilities are encouraged to attend all University of Iowa-sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact Heather Roman in advance at 319-356-1514 or heather-roman@uiowa.edu.

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Registration Fee is $175   Residents: $75   **PLEASE PRINT LEGIBLY**

Name:_____ Address:_____ City:_____ State:_____ Zip:_____

Degree:_____ Phone:_____ E-mail:_____

I have enclosed my ⭘ check or ⭘ money order