



SCNS 2017 Registration

ABPN

Maintenance of Certification

Epilepsy Module

Sunday January 15th, 2017

Complete and mail, fax or email to:
Southern Clinical Neurological Society,
P.O. Box 143057, Gainesville,
Florida 32614-3057

(352)-336-3476

register@southernclinical.com

The goal of the MOC program is to ensure excellence of patient care and encourage and support practice improvement. The MOC program requires participants to participate in sanctioned self-assessment performance measures, identify possible weaknesses in their knowledge, pursue learning activities tailored to individual areas that need to be strengthened, and develop quality improvement programs based on their clinical practice. The goal for participants is to reflect on their personal knowledge and performance, commit to a process of improvement and reevaluation over specified time frames, and continually improve care for their patients.

Personal Information

Last Name _____

First Name _____ **Middle Initial** _____

Nickname/Preferred Name _____

Date of Birth (MM/DD only) ____/____ (To eliminate possible duplicates in database)

Degree(s) _____ **ABPN #** _____

Specialty/Certification (*Clinical & Research Areas of Expertise*) _____

Mailing Address

Street _____

City _____ State _____ Zip _____

Phone _____ **Ext** _____

E-mail _____ (Email is required for payment and educational credit recording)

FEES

- MOC Part II Self Assesment (SA) (SCNS Member \$75 or Non-Member \$100)
- MOC Part IV Performance in Practice (PIP) (SCNS Member \$75 or Non-Member \$100)
- MOC Both Part II and IV (SCNS Member \$100 or Non-Member \$150)

Prices above are for participants attending the Southern Clinical Neurological Society 44th Annual Meeting: Clinical Advances in Neurology and Neuroscience.

An additional event registration fee of \$150 will be charged if only attending the MOC event.

Estimated Total \$ _____

Pay by Check. Please enclose your check for the estimated total and send it to the address provided above.

Pay by Credit Card. An electronic bill with a secure link will be send to the e-mail provided above for the estimated total as soon as the registration form is received.