Statement of Need
Controlled substances are prescribed and dispensed today at an increasing rate to help patients cope with pain, insomnia, anxiety, depression, ADHD and a myriad other disorders. Studies show that most practitioners are rather conservative when prescribing controlled drugs, while a small number are at times overly aggressive. In addition, controlled substance medications are falling into the hands of increasing numbers of prescription drug abusers.

How can the practitioner more effectively understand the pharmacologic profiles for controlled drugs, identify diagnostic criteria for appropriate prescribing and consider the therapeutic implications of specific substance use by individual patients? This special intensive course has been developed to enhance the physician’s ability to effectively prescribe controlled medications, while minimizing their misuse whenever possible.

For More Information
Contact the Medical Association’s Education Department at (334) 954-2500 or (800) 239-6272 or go to www.alamedical.org/Prescribing.
Participant Learning Objectives
After attending this course, participants will be able to:

- Describe the pharmacologic profiles of benzodiazepines, opiates and other controlled drugs.
- Identify the diagnostic criteria for acute and chronic pain, anxiety disorder, insomnia, depression and substance abuse.
- Employ interviewing techniques relating to the diagnosis and management of substance abuse in general and prescription drug abusers in particular.
- Discuss case management strategies for the above diagnoses and in special situations, such as the elderly, hospice patients and renal sufficiency.
- Discuss beliefs, attitudes and stereotypes about controlled substance prescribing, controlled drug abusers and chemical dependency, and consider the therapeutic implications of treatments based upon these beliefs.

NEW Topics!

- Risk Stratification while Prescribing Opioids
- Dilemmas in Controlled Substance Prescribing
- Issues in Acute Pain
- How My Prescribing of Controlled Substances Has Changed Over the Years: One Doctor’s Perspective
- Current Thoughts on Marijuana Use

Credit Designation
The Medical Association of the State of Alabama designates this live activity for a maximum of 12 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of the State of Alabama through the joint providership of the Medical Foundation of Alabama and the Medical Association of the State of Alabama. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

ABN CE Designation
- The Medical Association of the State of Alabama, an ABN-recognized provider of continuing education (CE), awards AMA PRA Category 1 Credits upon completion of this course. ABN Administrative Code § 610-X-10-04(2)(e)
- This course meets or exceeds the requirement for 6 hours of pharmacology CE required for renewal of Advanced Practice approval.
- Nurses who wish to claim the credit awarded for this course must follow ABN procedures to claim the CE, such as uploading the CME transcript issued by the Medical Association to their individual CE Record on the ABN website.

**Note: Partial attendance, late arrival or early departure will affect the amount of credit awarded.

Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory W. Ayers, M.D.</td>
<td>Birmingham Hospitalists, P.C. ALBME*</td>
</tr>
<tr>
<td>Daniel M. Doleys, PhD</td>
<td>The Doleys Clinic/Pain and Rehabilitation Institute</td>
</tr>
<tr>
<td>Stanley R. (Randy) Easterling, M.D.</td>
<td>Pathway Healthcare Vicksburg, MS</td>
</tr>
<tr>
<td>J. Luke Engeriser, M.D.</td>
<td>Altapointe Health Systems</td>
</tr>
<tr>
<td>Sandra L. Frazier, M.D.</td>
<td>Department of Medical Education University of Alabama Birmingham</td>
</tr>
<tr>
<td>Steven P. Furr, M.D.</td>
<td>Family Practice of Jackson Past Member, ALBME*</td>
</tr>
<tr>
<td>Boyde J. (Jerry) Harrison, M.D.</td>
<td>Private Practice, Haleyville ALBME*</td>
</tr>
<tr>
<td>David P. Herrick, M.D.</td>
<td>The Center for Pain, P.C. Past Member, ALBME*</td>
</tr>
<tr>
<td>Virginia B. Reeves, JD</td>
<td>Associate General Council ALBME*</td>
</tr>
<tr>
<td>George C. (Buddy) Smith Jr., M.D.</td>
<td>Clay County Medical Clinic, P.C. Past Member, ALBME*</td>
</tr>
<tr>
<td>Randall L. Tackett, Ph.D.</td>
<td>Professor, Graduate Coordinator University of Georgia College of Pharmacy</td>
</tr>
<tr>
<td>Richard Tucker</td>
<td>Drug Education Consulting Group Former U.S. DEA Special Agent</td>
</tr>
<tr>
<td>J. Mark Westfall, M.D.</td>
<td>Westfall Psychiatric Services</td>
</tr>
</tbody>
</table>

*Alabama Board of Medical Examiners

Visit [www.alamedical.org/Prescribing](http://www.alamedical.org/Prescribing) for online registration and agenda.
**Intensive Course in Prescribing and Pharmacology of Controlled Drugs**

The registration fee for the 12-hour Prescribing and Pharmacology course is $400. The 8-hour Prescribing course is $275 and the 4-hour Pharmacology course is $125. A 50% refund will be given for cancellation made by February 15 (for March course), July 19 (for August course) and November 8 (for November course). Cancellation of a course must be submitted in writing to the Education Department. Registrations cannot be transferred to future Prescribing and Pharmacology courses. No refunds for cancellations the week of each course.

**Each attendee must complete a separate registration form.**

Name: _______________________________________________________________________________   [ ] MD [ ] DO [ ] PA [ ] CRNP [ ] CNM [ ] Other ____________

Practice/Company: ____________________________________________________________________   Nursing License Number: _____________________________

Address: _____________________________________________________________________________   City, State, Zip: ____________________________

Phone: _____________________________   Fax: _____________________________   E-mail: _______________________

Dietary and other Special Considerations: __________________________________________________________________________________________________

**Courses and Registration Fees**  All registration fees must be paid at the time of registration. On-site registration is not permitted.

**March Course (Mark all you wish to attend) Fees**  November Course (Mark all you wish to attend)  Fees***

- Prescribing of Controlled Drugs (8 hours) $275  Collaborative and Supervisory Practices (4 hours) $125
  - Saturday | March 2

- Pharmacology of Controlled Drugs (4 hours) $125  Medical Ethics (4 hours) $125
  - Sunday | March 3

*Fees before February 15 | After February 15 add $50 per course

**August Course (Mark all you wish to attend) Fees**

- Prescribing of Controlled Drugs (8 hours) $275
  - Friday and Saturday | August 2-3

- Pharmacology of Controlled Drugs (4 hours) $125
  - Sunday | August 4

**Fees before July 19 | After July 19 add $50 per course

**November Course (Mark all you wish to attend) Fees***

- Collaborative and Supervisory Practices (4 hours) $125
  - Friday morning | November 22

- Medical Ethics (4 hours) $125
  - Friday afternoon | November 22

- Prescribing of Controlled Drugs (8 hours) $275
  - Saturday | November 23

- Pharmacology of Controlled Drugs (4 hours) $125
  - Sunday | November 24

***Fees before November 8 | After November 8 add $50 per course

**Payment**  Note: Your signature constitutes an agreement to pay the amount indicated.

- Check (Make payable to Medical Foundation of Alabama) Amount: $_________  American Express  Discover  MasterCard  VISA Amount: $_________

Cardholder Name: __________________________________________________________________________ Card Number: ________________

Street Address: __________________________________________________________________________ City, State, Zip: ____________________________

Exp. Date: _______________ Security Code: _______________ Signature: __________

Return completed registration form and payment to:  Medical Foundation of Alabama | 19 S Jackson Street | Montgomery, AL 36104 | Phone (334) 954-2500 | Fax (334) 269-5200 | alamedical.org