

Enhance Your *PIF*manship with the Expert...Dr. Catherine Henderson

## HOW TO COMPLETE THE PIF & PREPARE FOR THE SITE VISIT

*Our Popular PIF Webinar Returns this August!*

In just **SIX** hours and just **FOUR** sessions, the participants will...

- Understand how to approach answering questions in the Common and Specialty Specific PIFs
- Visualize a draft PIF that best represents your program, through an interactive WebEx format
- Learn how to prevent common errors and unnecessary citations
- Understand the best way to prepare for the ACGME onsite survey

**\*NOTE:** You will need a telephone line, computer, and Internet connection to fully participate in this Webinar.

### ***“How to Complete the PIF and Prepare for the Site Visit”***

**Tuesdays, August 10, 17, 24 & 31, 2010 –12:00 p.m. – 1:30 p.m.**

12:00 Eastern - 11:00 AM Central - 10:00 AM Mountain - 9:00 AM Pacific

### **Space is Limited – Learning is Unlimited – Register Today**

Complete & fax the registration form below to **724-864-6153** and mail check to:

Partners in Medical Education, Inc. -- 109 Brush Creek Road; Irwin, PA 15642

OR

**[Register & Pay Online Now](#)**

### **Buy One -- Get One 50% OFF**

\$695 for the first participant; \$347.50 for the second

**Register by Tuesday, July 27, 2010 to receive an additional \$25.00 early-bird discount on your total.**

### **Where's Your Passport?**

Share this Webinar with your ENTIRE Institution with a Partners® Telecourse Passport. **Covers Webinars too!**

**Call Susan Allen, General Manager for details or to activate your Passport for this Webinar 724-864-7320.**

### **Testimonials from Our Last PIF Webinar**

“Kay is phenomenal and her friendly non-judgmental approach makes it easy to learn. Her familiarity with what is current and coming keeps you on the cutting edge. I recommend everyone have her review their PIF before sending it!!!!!!”

~ Catherine A.

“This is a very most informative Webinar and should be required of all residency coordinators.”

~ Lynn V.

### **About Your Webinar Presenter**

Partners® gives you access to a nationally renowned team of GME accreditation, operational, and professional development experts.



**Catherine Henderson**  
**Dr.PH, LLC**  
**GME Consultant**

- 25+ years Medical Education teaching and operations experience
- Expert in planning/evaluation and faculty/medical staff development

Learn more at [www.PartnersInMedEd.com](http://www.PartnersInMedEd.com)



**Partners®**

in Medical Education Inc.

**FULL Accreditation ~ ZERO Citations ~ Better GME!**

**“Partners® can help you get there.”**

109 Brush Creek Road \* Irwin, PA 15642 \* 724-864-7320 (phone) \* 724-864-6153 (fax)

**Webinar Registration Information Form**  
**How to Complete the PIF and Prepare for the Site Visit**  
**Tuesdays, August 10, 17, 24 & 31, 2010**

Telecourse Passport Subscribers Only

Are you using your Telecourse Passport for this Webinar?     Yes     No

Individual Passport ID #: \_\_\_\_\_     Institutional Passport ID #: \_\_\_\_\_

Note to Individual Passport owners: If your session balance does not cover this Webinar, we will email you an invoice for the additional sessions at a special per-session fee.

Don't have a Partners<sup>®</sup> Telecourse Passport?  
 Visit our website at [www.PartnersInMedEd.com](http://www.PartnersInMedEd.com) for details.

**REGISTRATION INFORMATION**

*Participant phone numbers and email addresses are disclosed only to those on the Webinar to facilitate networking and sharing of sample documents. If you do not want your contact information shared with others on the call, indicate below.*

Institution Name \_\_\_\_\_

**Registrant #1:**    OK to share contact information?     Yes     No

Name \_\_\_\_\_ Degree \_\_\_\_\_ # of Years in GME \_\_\_\_\_

Title \_\_\_\_\_ Residency or GME/Hospital Dept. \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Next Site Visit (Institutional or Program) \_\_\_\_\_

 How did you hear about this Webinar?     Email Flyer     Fax Flyer     Personal Email     Colleague     Other

**Registrant #2:**

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date of Next Site Visit \_\_\_\_\_

Title \_\_\_\_\_ Residency or GME/Hospital Dept. \_\_\_\_\_

 Email \_\_\_\_\_ OK to share contact information?     Yes     No

**Registrant #3:**

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date of Next Site Visit \_\_\_\_\_

Title \_\_\_\_\_ Residency or GME/Hospital Dept. \_\_\_\_\_

 Email \_\_\_\_\_ OK to share contact information?     Yes     No

**Registrant #4:**

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date of Next Site Visit \_\_\_\_\_

Title \_\_\_\_\_ Residency or GME/Hospital Dept. \_\_\_\_\_

 Email \_\_\_\_\_ OK to share contact information?     Yes     No

**Registrant #5:**

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date of Next Site Visit \_\_\_\_\_

Title \_\_\_\_\_ Residency or GME/Hospital Dept. \_\_\_\_\_

Email \_\_\_\_\_ OK to share contact information?  Yes  No

**Registrant #6:**

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date of Next Site Visit \_\_\_\_\_

Title \_\_\_\_\_ Residency or GME/Hospital Dept. \_\_\_\_\_

Email \_\_\_\_\_ OK to share contact information?  Yes  No

*If you have more than 6 people to register or are using an Institutional Passport with unlimited listeners, please complete and submit an additional form.*

**PAYMENT INFORMATION**

(Not applicable for Institutional or Individual Passport users)

**Number of Registrants (Buy One/Get One 1/2 Price):**

1 registrant = \$695.00       3 registrants = \$1,737.50       5 registrants = \$2,780.00

2 registrants = \$1,042.50       4 registrants = \$2,085.00       6 registrants = \$3,127.50

**APPLY \$25.00 EARLY-BIRD DISCOUNT TO YOUR TOTAL  
(MUST REGISTER BY TUESDAY, JULY 27, 2010)**

All registrants will be added to our email list to receive periodic announcements, GME news and resources.  
To opt out for all registrants, mark this box.

**Method of Payment:**

Credit Card \_\_\_ Visa \_\_\_ MasterCard®

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Total Cost to Charge to Card \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Check to follow  
Fax a copy of your internal check request to 724-864-6153

Check Enclosed  
Make check payable to **Partners in Medical Education, Inc.**  
and mail to: **Partners in Medical Education, Inc., 109 Brush Creek Road, Irwin, PA 15642**

**Cancellation Policy:** Cancellations made within 3 business days of the course are subject to a \$50 service fee. Registrants who do not dial in and who do not cancel before the course date are liable for the full Webinar fee. Only written requests for cancellation will be accepted. Cancellations must be made by fax at 724-864-6153 or by email to Susan@PartnersInMedEd.com.