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Step-by-Step: How to Complete the IRD

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In just four 1.5 hour sessions, we will help you:

- Understand the ACGME Institutional and Common Program Requirements
- Learn why YOUR GME policies may need revision
- Review the IRD page-by-page and discuss how to respond to specific questions and prepare attachments
- Learn how to prepare everything else you will need for survey day!

“Step-by-Step: How to Complete the IRD”

Thursdays, February 4, 11, 18 & 25, 2010

11:30 AM Eastern - 10:30 PM Central - 9:30 AM Mountain - 8:30 AM Pacific (1.5 hours each session)

Space is Limited – 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 ½ Price

\$650 for the first participant; \$325 for the second.

**Register by Thursday, January 21st to receive a \$25.00
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~ Ashesh J.

“Going through the IRD step-by-step made me aware of what I need to focus on before [our] next site visit.”

~ Pam F.

About Your Presenter

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



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

**Telecourse Registration Information Form
Step-by-Step: How to Complete the New IRD
Thursdays, February 4, 11, 18 & 25, 2010**

Institution Name _____

Telecourse Passport Subscribers Only

Are you using your Telecourse Passport for this telecourse? Yes No
 Individual Passport ID #: _____ Institutional Passport ID #: _____

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

Don't have a Partners® Telecourse Passport?
Visit our website at www.PartnersInMedEd.com for details.

REGISTRATION INFORMATION

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

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

Name _____ Degree _____ # of Years in GME _____

Title _____ Department _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Date of Next Site Visit (Institutional or Program) _____

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

Registrant #2:

Name _____ Degree _____ # of Years in GME _____

Title _____ Department _____

Email _____ OK to share contact information? Yes No

Registrant #3:

Name _____ Degree _____ # of Years in GME _____

Title _____ Department _____

Email _____ OK to share contact information? Yes No

Registrant #4:

Name _____ Degree _____ # of Years in GME _____
Title _____ Department _____
Email _____ OK to share contact information? Yes No

Registrant #5:

Name _____ Degree _____ # of Years in GME _____
Title _____ Department _____
Email _____ OK to share contact information? Yes No

Registrant #6:

Name _____ Degree _____ # of Years in GME _____
Title _____ Department _____
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 = \$650.00 3 registrants = \$1,625.00 5 registrants = \$2,600.00
- 2 registrants = \$975.00 4 registrants = \$1,950.00 6 registrants = \$2,925.00

REGISTER BY THURS. JAN. 21, 2010 TO RECEIVE A \$25.00 EARLY-BIRD DISCOUNT ON YOUR TOTAL

If you have a large number of people interested in a telecourse we are currently offering, or if you have a special interest for a telecourse, please contact our office. We offer customized telecourses that can be conducted by phone or on site.

Method of Payment:

Check Enclosed *(We suggest that you also fax your registration as well as mail it.)*
Make check payable to **Partners in Medical Education, Inc.**
and mail to: **Partners in Medical Education, Inc., 109 Brush Creek Road, Irwin, PA 15642**

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

Credit Card ___ Visa ___ MasterCard®
Card # _____ Exp. Date _____ Total Cost to Charge to Card _____
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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 conference date are liable for the full Telecourse fee. Only written requests for cancellation will be accepted. Cancellations must be made by fax at 724-864-6153 or by email (Susan@PartnersInMedEd.com).