

NEW YEAR...NEW APPROACH TO YOUR COORDINATORS!

“MAXIMIZING THE RESIDENCY COORDINATOR’S ROLE”

Linking professional development to the person...program...and...place.

In just TWO 1-hour sessions, we will help you:

Session One

- Coordinate a job description that highlights your responsibilities and includes the key phrases that best describe your role as a professional residency coordinator
- Learn how to create and strategically use a professional portfolio, including necessary documentation
- Discover straightforward methods to enhance your professional image on an institutional level
- Enhance your understanding of the multi-faceted skills and responsibilities involved in your role as a professional residency coordinator

Session Two

- Learn to maintain an ongoing state of accreditation readiness
- Develop ways to coordinate a comprehensively completed Program Information Form that highlights best practices

“Maximizing the Residency Coordinator’s Role”

Linking professional development to the person, program and place

Tuesdays, February 16 & 23

Noon Eastern - 11:00 AM Central - 10:00 AM Mountain - 9:00 AM Pacific (one hour each day)

Space is Limited – Register Today [Online](#) OR Complete Form Below

Buy One/Get One ½ Price

\$250 for the first participant; \$125 for the second.

**Register by Tues., February 2nd to receive a \$25.00
early-bird discount on your total.**

**Pay the lowest price ever on every Telecourse
with a Partners® Telecourse Passport –
your passport to the world of GME.**

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Testimonials from Past Telecourse Attendees

“Any time you can gain knowledge and obtain information from experts in GME, it is well worth the time.”

~Karen N.

“As always PME provided very timely, useful and cost effective information.”

~ Jim W.

Randy Returns!

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



Randy Nelson, MHS
Former DIO
Conemaugh Health System

- 10+ years experience working as an administrator in Graduate Medical Education
- Has coordinated and received the maximum (five years) accreditation and commendations on numerous ACGME Institutional Reviews



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“Partners® can help you get there.”



2010-02

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

**Telecourse Registration Information Form
Maximizing Your Residency Coordinator
Tuesday, February 16 & 23, 2010**

Institution Name _____

Telecourse Passport Subscribers OnlyAre 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.**We do not sell or share participant information with any vendors. You can view our privacy policy at http://www.partnersinmeded.com/Privacy_Policy.htm.***Registrant #1:** OK to share contact information? Yes No

Name _____ Degree _____ # of Years in GME _____

Job Title/Position _____ Program/Specialty _____

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 _____

Job Title/Position _____ Program/Specialty _____

Email _____ OK to share contact information? Yes No**Registrant #3:**

Name _____ Degree _____ # of Years in GME _____

Job Title/Position _____ Program/Specialty _____

Email _____ OK to share contact information? Yes No

Registrant #4:

Name _____ Degree _____ # of Years in GME _____
Job Title/Position _____ Program/Specialty _____
Email _____ OK to share contact information? Yes No

Registrant #5:

Name _____ Degree _____ # of Years in GME _____
Job Title/Position _____ Program/Specialty _____
Email _____ OK to share contact information? Yes No

Registrant #6:

Name _____ Degree _____ # of Years in GME _____
Job Title/Position _____ Program/Specialty _____
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 ½ Price):

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 registrant = \$250 | <input type="checkbox"/> 3 registrants = \$625 | <input type="checkbox"/> 5 registrants = \$1,000 |
| <input type="checkbox"/> 2 registrants = \$375 | <input type="checkbox"/> 4 registrants = \$750 | <input type="checkbox"/> 6 registrants = \$1,125 |

REGISTER BY TUES., FEB. 2ND 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. We do not record our sessions so that participants will be free to ask questions and engage in honest dialogue.

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 to 724-864-6153
- Credit Card ___ Visa ___ MasterCard®
Card # _____ Exp. Date _____ Total Cost to Charge to Card _____
Signature _____ Print Name _____

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).