

Clinical Preceptorship in Body MRI

COURSE DIRECTOR
David A. Bluemke, MD, PhD

DESCRIPTION: This preceptorship is designed to provide the practicing radiologist with practical experience in Body Magnetic Resonance Imaging, including cardiovascular, musculoskeletal, abdominal and breast. The visiting physician will observe daily scanning activities, discuss clinical indications for MRI examinations, review basic pulse sequences used to address the common clinical problems and further discuss the principles of MRI. The Division of MRI interprets about 20-25 body MRI studies per day. Examinations include musculoskeletal MRI and cardiovascular MRI. The fellowship provides a wide range of experience in clinical MRI in both areas. This schedule is based on participation from 8:30 a.m. to 5:00 p.m., Monday through Friday.

OBJECTIVES: Following this program, the participant should be able to:

- understand MR imaging techniques from scanning observations
- observe and experience a busy MRI Diagnostic Center in action
- study the MRI video library
- experience the clinical conferences with staff radiologists
- Opportunity to ask questions and seek answers

ACCREDITATION: The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT: The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 40 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Physicians must self-report the actual hours attended. A self-report form will be provided on site. A certificate based on the hours reported will be mailed within six weeks. A certificate cannot be provided until the completed form is received and processed.

LOCATION: Magnetic Resonance Imaging, Nelson Building, The Johns Hopkins Hospital, 600 North Wolfe Street, Baltimore, Maryland.

REGISTRATION: This visiting preceptorship is offered continuously throughout the year. **Reservations are confirmed by appointment only.** To confirm dates, contact the Program Coordinator for MRI Preceptorship, Office of Continuing Medical Education, Johns Hopkins University School of Medicine, Turner 20, 720 Rutland Avenue, Baltimore, Maryland 21205. Phone: (410) 614-0149, Fax: (410) 955-0807.

FEE: \$1500. The registration fee, which is payable in advance, includes instructional materials. Foreign payments must be made by credit card or with a **U.S. Dollar World Money Order.**

CANCELLATION POLICY: A handling fee of \$50 is deducted for cancellation. Refund requests must be received by fax or mail by **5 business day out.** No refunds will be made thereafter. The Johns Hopkins University reserves the right to cancel or postpone any course due to unforeseen circumstances. In the event of cancellation or postponement, the Johns Hopkins University will refund only the registration fee and is not responsible for other related travel expenses.

AMERICANS WITH DISABILITIES ACT: The Johns Hopkins University School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof. *Please notify us if you have any special needs.*

POLICY ON FACULTY AND PROVIDER DISCLOSURE: It is the policy of the Johns Hopkins University School of Medicine that the faculty and provider disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). Detailed disclosure will be made in the course handout materials.

MEETING REGISTRATION FORM

Course Number **06/530225**

To register by mail, send this form to the Johns Hopkins University, Office of Continuing Medical Education, P.O. Box 64128, Baltimore, Maryland 21264-4128. Include check payable to **HOPKINS/Body MRI Preceptorship**, or fax your credit card registration to (410) 955-0807. Registration is limited and pre-registration is required. Please type or print clearly:

last name first name middle initial primary degree / primary specialty preferred mailing address

For Office Use Only
Initial _____
Date _____
[]CC []CK# _____ []Cash

city, state zip + 4 code country daytime telephone fax number e-mail address

METHOD OF PAYMENT: CHECK Made payable to: Hopkins/PET/CT Practicum

For Johns Hopkins University Faculty and Staff Only: An approved JHU Tuition Remission Voucher and a Professional Development Form from the Benefits Office must accompany your registration. For forms, visit www.jhu.edu/~hr1/benefits/forms/others/index.html. Cancellation must be in writing five working days prior to course or your department will be charged. Check Status: Physician Allied Health Professional. Return your approved voucher and registration form to Turner 20, School of Medicine

CREDIT CARD: VISA MasterCard Discover AMEX Name as it appears on card: _____

Card #: _____ Exp. Date: _____ Signature: _____ Date: _____

What do you hope to learn by attending this course? _____ Please notify us if you have any special needs. _____ 7/1/05-6/30/06