



FLUOROSCOPY CREDENTIALING COURSE
Johns Hopkins University School of Medicine
The Russell H. Morgan Department of Radiology and Radiological Science

Mahadevappa Mahesh, MS, PhD – Course Director
 Assistant Professor of Radiology and Radiological Science
 Chief Physicist, Johns Hopkins Hospital

COURSE DESCRIPTION: Rapid advances in x-ray technology and interventional procedures have resulted in dramatic increase in the utilization of fluoroscopy in modern medicine. Many of these fluoroscopically-guided procedures require substantial x-ray exposures that have increased the potential for serious radiation-induced injuries (deterministic effects). The need for adequate training has been emphasized in the FDA health advisories and mandatory training and credentialing are now becoming part of state regulations.

The goal of this activity is to include education and training on radiation safety issues and proper use of fluoroscopic equipment and control settings. In addition, biological effects of radiation with emphasis on deterministic effects and various patient dose-reducing strategies will be discussed. The course syllabus will meet the minimum hours of training required by the State of Maryland in the enacted (effective December 31, 2005) regulations for physicians or technologists who wish to operate fluoroscopy x-ray systems.

OBJECTIVES: Following this program, the participant should be able to:
 -Describe the principles and operations of fluoroscopic x-ray systems
 -Discuss various biological effects of radiation
 -Define the principles of radiation protection
 -Identify various patient dose-reduction strategies

TARGET AUDIENCE: Anesthesiologists, Cardiologists, Gastroenterologists, Orthopedists, Pain Management Physicians, Pulmonary Specialists, Radiologists, Surgeons, Urologists, Vascular Specialists, Radiologic Technologists and other healthcare providers who use fluoroscopy x-ray systems

ACCREDITATION STATEMENT: 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 4 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.

REGISTRATION FEE: \$300 Full Time Faculty and Fellows
 \$ 75 Residents (with verification of attendance)
 The registration fee, which must be received by the start of the meeting, includes instructional materials and refreshment breaks. Foreign payments must be made by credit card or with a U.S. Dollar World Money Order.

Cancellation Policy: If you must cancel, notify the Office of Continuing Medical Education by phone, (410) 955-2959, or fax, (410) 955-0807. An administrative fee of \$50 will be retained on all refunds, which will be processed only after written notice is received. Cancellations received less than five business days before each activity are non-refundable. The Johns Hopkins University reserves the right to cancel this course at any time. In this event, the full registration fee will be returned to the registrant.

LOCATION: Johns Hopkins Hospital
 600 North Wolfe Street
 Baltimore, Maryland 21287

Detailed room location and directions will be sent with your registration confirmation.

HOTEL AND TRAVEL INFORMATION:
 We suggest the Inn at Henderson's Wharf, located at 1000 Fell Street, in Baltimore, Maryland 21231; phone (410) 522-7777. You may call the hotel directly to make your reservation. Specify that you are attending a Johns Hopkins meeting to receive a possible reduced room rate. Transportation to/from the meeting is just a quick taxi ride.

You may call United Airlines at (800) 521-4041 for discounted rates and refer to Meeting ID Number 549TJ.

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.

FOR FURTHER INFORMATION:
 Office of Continuing Medical Education (410) 955-2959
 Johns Hopkins University School of Medicine (410) 955-0807 FAX
 Turner 20, 720 Rutland Avenue cmenet@jhmi.edu
 Baltimore, Maryland 21205-2195 www.hopkinscme.net

MEETING REGISTRATION FORM

06/530231

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/Fluoroscopy 06/530231**, or fax your credit card registration to (410) 955-0807. **Pre-registration is required** and seating may be limited. Please type or print clearly:

last name	first name	middle initial	primary degree	primary specialty
preferred mailing address	city	state	zip + 4 code	country
daytime telephone	fax number	e-mail address		

CONFIRMED DATES: _____ **(NOTE: SESSION DATES MUST BE SCHEDULED IN ADVANCE BY CONTACTING THE CME OFFICE)**

METHOD OF PAYMENT: **CHECK:** Made payable to: Hopkins/Fluoroscopy 06/530231 **CREDIT CARD:** V MC Dis AMEX
 Name as it appears on card: _____

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

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**

What do you hope to learn by attending this course? _____ Please notify us if you have any special needs. _____ 2006