“Master Affiliation Agreements and Program Letters of Agreement”

A price-conscious, value-packed audio conference sponsored by CADME (Council of Administrative Directors of Medical Education) - one of AHME’s four councils.

**Wednesday, September 22, 2010 ~ 1:00-2:00 p.m. ET**

**Objectives:**
*At the end of this Teleconference, the learner should be able to...*

1. Define and describe the differences between Master Affiliation Agreements and Program Letters of Agreement.
2. Clarify ACGME/RRC requirements pertinent to each.
3. Demonstrate by example the range of acceptable documents that will meet educational and accreditation requirements.

**Speaker:** John R. Musich, M.D., MBA, Oakland University William Beaumont School of Medicine's (OUWBSOM) Associate Dean for Graduate and Continuing Medical Education, also serves as Vice President, Director of Medical Education for Beaumont Hospitals, a position he has held since 2002. Prior positions at Beaumont have included Chair/Residency Program Director for the Department of Obstetrics and Gynecology from 1983 to 2004, and Associate Medical Director, 1997-2002. He holds Clinical Professor appointments at OUWBSOM and at the Wayne State University and University of Michigan Schools of Medicine. Throughout his career, Dr. Musich has held numerous state, regional and national positions and officerships in obstetrics and gynecology and graduate medical education professional societies and organizations. He is a graduate of the University of Minnesota School of Medicine, received his specialty training at the University of Michigan, and obtained an MBA degree from Michigan State University.

**Moderator:** Dale J. Carlson, MM, FAODME is the Administrative Director of Medical Education for Beaumont Hospitals in Metropolitan Detroit, MI. As a nursing professional for many years, Ms. Carlson has developed her management and leadership skills, and a personal interest in quality patient care. Nationally, Ms. Carlson currently serves as the Chair of the Council of Administrative Directors of Medical Education (CADME) for AHME. She has served on the Board of Trustees for the American Osteopathic Directors of Medical Educators. She has published articles and presented information and posters related to many current issues in Medical Education.

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See below for details. Must register by form with check or credit card if registering more than one person.

**Contact AHME Headquarters with questions - 724-864-7321 or sandi@ahme.org**
AHME Teleconference Registration Form – Wednesday. September 22, 2010; 1-2 p.m. ET
“Master Affiliation Agreements and Program Letters of Agreement”

Institution Name ____________________________________________________________

Registrant #1: First Participant for Multi-Person Registration OR Single-Participant Registration

Name _____________________________________________ Degree ________ AHME Member ID: ________
Title ___________________________________________ Department ____________________________
Address ____________________________________________________________________________
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City ____________________________ State ______ Zip _______________
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Registrant #2: (optional)

Name _____________________________________________ Degree ________ AHME Member ID: ________
Title ___________________________________________ Department ____________________________
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Registrant #3: (optional)

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Title ___________________________________________ Department ____________________________
Email __________________________________________

Registrant #4: (optional)

Name _____________________________________________ Degree ________ AHME Member ID: ________
Title ___________________________________________ Department ____________________________
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Registrant #5: (optional)

Name _____________________________________________ Degree ________ AHME Member ID: ________
Title ___________________________________________ Department ____________________________
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Registrant #6: (optional)

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Registrant #7: (optional)

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Registrant #8: (optional)

Name _____________________________________________ Degree ________ AHME Member ID: ________
Title ___________________________________________ Department ____________________________
Email __________________________________________

Registrant #9: (optional)

Name _____________________________________________ Degree ________ AHME Member ID: ________
Title ___________________________________________ Department ____________________________
Email __________________________________________

Registrant #10: (optional)

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Title ___________________________________________ Department ____________________________
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IF MORE THAN 10 REGISTRANTS, PLEASE COPY FORM
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Institution Name _____________________________________________

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METHOD OF PAYMENT

□ Credit Card: ___ Visa  ___ MasterCard

Card # ______________________________ Exp. Date _________ Total Cost to Charge to Card __________
Signature ____________________________________ Print Name _______________________________

□ Check Enclosed: Made payable to AHME – mail to: AHME, PO Box 725, Indiana, PA 15701

□ Check to Follow: Fax a copy of your internal check request with this registration form to 724-864-6153

Cancellation Policy: Cancellations made within 3 business days of the course are subject to a 25% service fee. Registrants who do not dial in and who do not cancel before the conference date are liable for the full fee. Only written requests for cancellation will be accepted. Cancellations must be made by fax at 724-864-6153 or by email (sandi@ahme.org).