

**RI Extension of the CMSNE invite you to attend their
Educational Dinner Program –
Earn 1.5 CCM Ethics Credits towards Renewal**

**Tuesday, April 2, 2019
Chelo's, Warwick, RI – 5:00 PM**



Mastering the Social Determinants of Health

Presented by:

**Ellen Fink-Samnack, MSW, ACSW, LCSW, CCM, CRP
EFS Supervision Strategies, LLC**

Agenda

5:00 pm
Registration

5:30 -5:30 pm
AstraZeneca
Presentation

6:00 pm
Buffet Dinner

6:15 – 7:45 pm
Educational program
over dinner

7:45 pm
Wrap-up/
CEU Distribution

**Special thanks
to the program
sponsor:**



Upon completion of the presentation the attendees will be able to:

- Define the Social Determinants of Health (SDH)
- Discuss three socio-political drivers to impact the progression of SDH
- Discuss the ethical impact for professionals of bias in managing populations predisposed to the SDH.
- Understand the history and application of Adverse Childhood Experiences (ACEs)
- Apply the eleven steps of the Comprehensive Case Management Path©
- Identify the ethical impact of addressing the SDH across populations

Prior registration and pre-payment is required by members and non-members to assure appropriate seating, food, course materials and 1.5 RN & CCM ethics credits will be provided. Registration is \$30 CMSNE members and \$50 for non-members. Registration required by 3/19/19, registration after that date are subject to a \$5 late fee. Register online at this link: <http://www.cmsne.org/ri-events/> and save \$5 Or complete registration and fax with credit card payment or mail to chapter office. Directions to site will be forward with registration confirmation.

“The content and views presented in this program are those of the independent speaker, while CMSNE endorses the pursuit of educational opportunities attendees should exercise their own professional and independent judgment when interpreting the content of the program”.

Please sign me up for the Tuesday, April 2, 2019 CMSNE RI Educational Program, **Mastering the Social Determinants of Health**. Mail completed registration form with payment to CMSNE address below. Prior registration is required by March 19, 2019. Register early, space is limited.

Name _____

Employer _____ Daytime phone _____

Address _____

City, State _____ Zip Code _____

Please provide email to receive confirmation of registration and directions. _____

Registration Fees: \$30 CMSNE Member \$50 Non Member After 3/19/19 \$5 late registration surcharge applies.
Register online and receive \$5 off the registration fee.

Credit Card Payment Information (V, MC, AMX) Card #: _____ Expiration Date: _____ Security Code: _____

Name as it appears on the Card: _____ Total Amt to be Charged: _____

Billing address as it appears on the credit card statement (if different from above):

Address: _____

City: _____ State: _____ Zip Code: _____



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