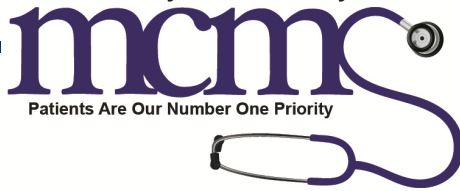


Monroe County Medical Society



Controlled Substances

Survival Series 2017

Date: Wednesday, June 7, 2017

Time: 7:30 am— :30 am

Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

This program will review requirements pertaining to administering, dispensing and prescribing of controlled substance prescriptions, including recent updates on legal and regulatory issues related to controlled substances in New York State.

Participants will gain understanding of:

- the necessary documentation that should be noted in a patient's chart;
- the steps that should be taken in dealing with issues such as drug seeking behavior and medication theft;
- the importance of pain management contracts and I-STOP;
- NYS BNE's role in health initiatives and regulatory compliance; and
- the types of disciplinary actions that can be imposed on a physician.

Program Registration Fees

MCMS & 7th District Member: \$30 per office (unlimited staff)

Non-member: \$60 per office (unlimited staff)

Presenters:

ANNA E. LYNCH, ESQ.

Underberg & Kessler LLP

Anna Lynch, managing partner of Underberg & Kessler, is an experienced health care attorney who represents hospitals, long-term care providers and physicians on risk management and patient care, professional discipline, state and federal regulatory compliance, and contractual matters.

JAKE McCARTY

Senior Narcotic Investigator

NYS Bureau of Narcotic Enforcement

New York State's Bureau of Narcotic Enforcement protects the public by combating the illegal use and trade in prescription controlled substances while ensuring that these same drugs are accessible for legitimate medical treatment and use under State law.

Contact Us: For more information, call (585) 473-7573.

Controlled Substances — June 7, 2017

Name(s): _____

Practice Name: _____

Phone Number: _____ E-mail: _____

Photo Consent: Participants in MCMS programs may be photographed by staff members, I understand these photographs may appear without compensation on MCMS social media pages; within MCMS marketing materials; on the MCMS website; or other printed or electronic materials related to the role and function of MCMS.

Signature _____

Date _____

Registration Fees: MCMS and 7th District Member: \$30 per office Non-member: \$60 per office

***Note to Nonmembers:** If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$_____ is enclosed. (Check payable to "MCMS") Please e-mail a receipt.

Please bill my credit card (check one) for the amount of \$_____

Cardholder Name: _____

Card Number #: _____ Exp. Date: _____ 3-Digit Verification Code: _____

Address associated w/ card: _____ Zip: _____

Signature: _____

Monroe County Medical Society
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Rochester, NY 14618
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Email: jrosenzweig@mcms.org

MAIL, FAX or EMAIL COMPLETED FORM AND PAYMENT TO: