



**EPIC® Oral Health in Your Office**  
**EPIC® Oral Health in Your Office: Prenatal**  
*Promoting preventative oral health care*

**Please select the CME/CEU presentation(s) you are interested in hosting at your site:**

- Oral Health in Your Office (OH)       Oral Health in Your Office: Prenatal (OHP)

Date of Request: \_\_\_\_\_ Referred By: \_\_\_\_\_

**Name of Practice/Site:** \_\_\_\_\_

Address: \_\_\_\_\_

Site Phone: \_\_\_\_\_ Site Fax: \_\_\_\_\_

**Site Contact Name:** \_\_\_\_\_

Site Contact Phone: \_\_\_\_\_ Site Contact Email: \_\_\_\_\_

Site Type:

- Pediatric       Family Medicine       Obstetrics       Students  
 Grand Rounds       Conference       Other \_\_\_\_\_

For practices that see children, what is the majority of you patient's insurance status?       MA       Private

Are you a Federally Qualified Health Center (FQHC)?       Yes       No

- Please call me to discuss the program details.**  
 **We would like to schedule an EPIC OH or OHP Program.**

**Please identify 3 potential dates and times for a 1-hour presentation:**

Date	Time Slot
_____	_____
_____	_____
_____	_____

**Approximate # of Attendees:** \_\_\_\_\_ **Preferred Presenter:** \_\_\_\_\_

Expected Attendee/Staff Breakdown:

MD/DO _____	PA/CRNP _____	NP _____	RN _____
LPN _____	MA _____	Office Staff _____	Other _____

Have providers taken the Smiles for Life course?       Yes       No

Mailing Address (if different than Site Address): \_\_\_\_\_

Presentation Site Address (if different than Site Address): \_\_\_\_\_

AV Equipment on Site:       Laptop       LCD Projector       Screen       Parking Available

Please submit this form to [hthc@paaap.org](mailto:hthc@paaap.org) or fax to 484-446-3255  
Questions? Call Program Director Kristin Haegele Hill at 484-446-3059