

WEBINAR

How to Fill Out a Clinic Visit Record

Wednesday, March 17, 2010

12:00pm – 1:30pm (Pacific Time)

About this Webinar

The purpose of this 90-minute webinar is to describe the Region X Title X Family Planning (FP) Data Management System, review requirements and enhance staff competence for documenting information about Title X clients and services. This webinar will be an especially useful skill building opportunity for those who not only record, enter, and submit information about clients and visits on a data collection tool but for those who analyze the statistical reports as well. It will offer time for the listening audience to ask questions and get answers on how to reduce Clinic Visit Record (CVR) errors and improve their client data. Only Title X clinics in Alaska, Idaho, Oregon and Washington may register for this event.

Who Should Attend

This webinar is for any staff who work with Title X CVR data, including: front desk, data entry personnel, clinicians, managers, supervisors, etc.

Learning Objectives

As a result of this webinar series, participants will be able to:

- Identify when a CVR is generated.
- Document CVR data.
- List at least 2 frequent errors.
- Describe processing calendar and when things are due.

Fees

The registration fee is per phone line. Complete separate registration forms for each phone line.

- \$35 per line for each individual session

The audio portion of the presentation will be accompanied by key slides from a live webcast, allowing for questions and discussion with the presenter. **Connection is a 2-step process**; you'll need to connect to the internet as well as through the telephone.

Co Presenters

Roberta Domres

Todd E. Rime

David Fine



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Registration Form

Refunds are not available for cancellations within 48 hours of the event, but substitutions will be honored or credit given for a future event.

Confirmation including the call-in phone number and handout materials will be sent one week prior to the webinar.

In accordance with the American Disabilities Act (ADA), CHT would like to make every effort to accommodate participants with special needs. Please inform us of your special needs.

Please make check payable and send to:

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1809 Seventh Avenue, Suite 400
Seattle, WA 98101
p: (206) 447-9538
f: (206) 447-9539
www.centerforhealthtraining.org
seattle@jba-cht.com

Name: _____

Job Title: _____

Credentials (check all that apply): NP PA CNM MD/DO RN MSW
other: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____ Fax: _____

Email: _____

Supervisor Name: _____

Supervisor Phone: _____

If billing address is different than agency address, please enter billing address below:

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Billing Address: _____

City: _____ State: _____ Zip+4: _____

Fees (fees below are per phone line):

[] \$35.00 per line for each individual session

Listener 1 Name: _____

Listener 1 Title: _____

Listener 2 Name: _____

Listener 2 Title: _____

Listener 3 Name: _____

Listener 3 Title: _____

Listener 4 Name: _____

Listener 4 Title: _____

Listener 5 Name: _____

Listener 5 Title: _____

Listener 6 Name: _____

Listener 6 Title: _____

Listener 7 Name: _____

Listener 7 Title: _____