Course ID: 7190
Course Title: PA AAP Vaccine Education Series

Course Director:
Paul A. Offit, MD
Director, Vaccine Education Center at CHOP; Chief, Division of Infectious Diseases, CHOP, and Professor of Pediatrics and Maurice Hilleman Professor of Vaccinology; U of Penn School of Medicine

Session Information
Date of Activity: 3/28/18
Location: Webinar Series

Presenter(s): Paul A. Offit, MD
Director, Vaccine Education Center at CHOP; Chief, Division of Infectious Diseases, CHOP, and Professor of Pediatrics and Maurice Hilleman Professor of Vaccinology; U of Penn School of Medicine

Agenda:
Noon to 1pm ET live event with question and answer period

Session Learning Objectives:
As a result of participation in this activity, participants will be able to:
• Interpret and employ new or updated vaccine information
• Discuss vaccine-related information with patients and their families
• Provide science-based resources to patients and their families who are seeking additional information

Accreditation
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Pennsylvania Chapter American Academy of Pediatrics. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation
The University of Pittsburgh designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded 0.10 continuing education units (CEU’s) which are equal to 1.0 contact hours.
Management of Conflict of Interest:
Course directors, planning committee members, faculty, presenters and all others who are in a position to control the content of this educational activity are required to complete a **COI Presenter Disclosure Form** disclosing all relevant financial relationships with proprietary entities producing healthcare goods or services during the past 12 months.

Choose one:
- **X** Course directors, planning committee members, faculty, presenters and all others who are in a position to control the content of this educational activity have no financial relationships with entities producing health care goods to disclose.
- **-OR-**
  - The following information was disclosed: [Insert name, role in activity, commercial entity, nature of relationship]

The course director or designee must complete a **Management of Conflict Worksheet** for anyone who discloses a relevant financial relationship.

Commercial Support Acknowledgement

- **X** This activity is NOT supported by a commercial entity.
- **-OR-**
  - This activity is supported by an unrestricted educational grant from [Insert name of commercial entity]

* CCEHS must have a Letter of Agreement approved and signed by CCEHS, Commercial Entity and PAAAP prior to the start date.