

Presents: Physician Health & Wellness:

"Who Helps the Helper?"

Date:		Tue., February 10, 2015					
Target Audience:		All Physicians, Including Hospitalists and Reside	ents, and				
	7.44.0	Medical Students					
Fee:		CMS Members or Staff: Complimentary; Non-Nor Staff: \$25	/lembers		Overvi	ew:	
Schedule:		Registration/Check In: 5:30 p.m 6:00 p.m.* CME Presentation: 6:00 p.m. – 7:00 p.m.	In this inter		In this interacti	ve one-hour	
		*Note: This CME presentation precedes the CN Meeting.	1S Council		workshop, partic	ipants will be	
Location:		Maggianos Banquets 111 W. Grand Ave.		end	encouraged to assess and maxi		
		Chicago, IL 60654			their own		
Speake	er:	William "Marty" Martin, Speed, MPH, MA, MS of the MSHR and Associate Professor, DePaul U	Jniversity,		health and well-being		
		Chicago, Illinois. Dr. Martin teaches courses i care management, human resources, and or	ganizational		and serve as a resource for		
		behavior. Dr. Martin has disclosed that he doe any relevant financial relationships with comm interests.			their colle	agues.	
 Evaluate the relationship between physician health and outcomes; Implement a step-by-step process to improve physician health and wellness to prevent burnout. 							
The Chicago Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.							
The Chicago Medical Society designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit (s) $^{\text{TM}}$. Physicians should claim only the credit commensurate with the extent of their participation in the activity.							
The following planning members of the Chicago Medical Society's CME Committee have disclosed that they do not have any relevant financial relationships with any commercial interests: Ajay Chauhan, MD, Chairman, Howard Axe, MD, Loren Schecter, MD, Vickie Becker, MD, Adrienne L. Fregia, MD, Robert W. Panton, MD, Kathy Tynus, MD, and Cecilia Merino, Director of Education.							
REGISTRATION FORM FOR: 2/10/15			METHOD OF PAYMENT:				
FEE:	☐ CMS Members: No Charge		☐ Check enclosed in the amount of \$		\$		
FEE.	☐ Non-Member: \$25 per person						
ATTENDEE NAME:				☐ Visa	☐ Master Card	☐ Amex	
EMAIL (required):			ACCOUNT #:				

EXP. DATE:

SIGNATURE:

REGISTRATION: Send your "Physician Health & Wellness" registration to:

MAILING ADDRESS:

Mail to: Chicago Medical Society - Attn: Education Dept., 515 N. Dearborn St., Chicago, IL 60654

Fax: 312-670-3646 / **Phone:** 312-670-2550 x338 / **Email:** emedrano@cmsdocs.org / <u>www.cmsdocs.org</u>