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Educational Grant for Travel Expense provided by:

ALLERGY CONTINUING EDUCATION

www.AllergyCME.com

Basic Allergy Testing & Treatment

HOW TO DO IT



Provided by



Indigo Marina Hotel

Panama City, FL

April 4 & 5, 2025

The Florida Medical Association designates this live activity for a maximum of 9.5 AMA PRA Category 1 Credits. Physician should claim only the credit commensurate with the extent of their participation in the activity.

DAY ONE

- Explain an allergy history
- Recognize pollen, inhalant & food allergy
- Understand Intradermal testing, Prick Testing & In Vitro testing
- Calculate dosages & understand escalation of immunotherapy
- Understand the basics of mixing titration and treatment vials
- Manage allergy symptoms with avoidance, pharmacotherapy and immunotherapy

DAY TWO

- Understand how to treat your allergy patient
- Understand how to create an Rx prescription
- Understand the dosage schedule
- Review updated CPT codes and HIPAA regulations for the business side of allergy
- Understand the importance of traceability for your allergy extract, diluent and supplies
- Basic understanding of how to test and treat an allergy patient

Exhibitors:

Spiriplex. Inc.

Apex Marketing, Inc.

Jubilant HollisterStier, Inc.

Allergy Continuing Education

*Target Audience
This activity is intended for any
Physician, PA, RNP or Pharmacist
and their staff interested in the
review of basic allergy testing and
treatment for allergy patient
management*

DAY ONE

12:15pm **Registration**

1:15pm **Welcome & Overview**

Diana D. Kelley, BA

1:30pm Allergy? **Why Bother?**

John O'Connell, DO

2:00pm Patient **History &**

Recognizing the Allergy Patient

Diana D. Kelley, BA

2:45pm **BREAK w/ exhibitors**

3:00pm Current **Testing Methods –**

Diana D. Kelley, BA

3:30pm **Prick testing**

Video & Hands On

4:30pm **Mixing Treatment Board – Hands ON**

Diana D. Kelley, BA

5:30pm Break w/ **exhibitors**

5:45pm **Testing/Treatment Board- Let's Mix!**

Diana D. Kelley, BA

Bryan Pruess, ARNP

6:45pm **Basic review & Questions**

Panel

Brochure Distribution provided by:

Apex Marketing, Inc.

Allergy Continuing Education:

904.860.4499

Agenda

DAY TWO

7:30am **Registration**

8:00am **Welcome & Overview**

Diana D. Kelley, BA

8:15am **Total Allergic Load**

Diana D. Kelley, BA

8:45am **Treatment & Escalation
–Injections & Sublingual**

Bryan Pruess, ARNP

9:15am **Mixing Patient Vials - review**

Diana D. Kelley, BA

10:15am **BREAK w/ Exhibitors**

10:30 am **Understanding Emergencies**

Bryan Pruess, ARNP

11:15am **Lunch** (meeting room)

1:00pm Overview- **Basic Hidden Food**

Diana D. Kelley, BA

1:30pm **CPT CODING- the Business**

David Hernandez, BSBA

2:15pm Break w/**exhibitors**

2:45pm **Allergy Testing or Referral ?
Decision Time**

Bryan Pruess, ARNP

3:30 pm **Basic Review / Q & A'S**

John O'Connell, DO

Bryan Pruess, ARNP

Diana D. Kelley, BA

David Hernandez, BSBA

4:00 pm **Closing Comments**

Diana D. Kelley, BA

Evaluations

Registration Form Allergy Testing & Treatment - How To Do It

April 4 _____ & April 5 _____, 2024

(please check which dates you would like to attend)

Please Call Allergy Continuing Education for reservations – 904.860.4499

Registration Fee: \$8,050/1st day___ \$12,500 / both days___

Registrations received less than 7 days prior to the meeting will be charged an additional \$500.†

Allergy Continuing Education reserves the right to postpone or cancel any activity. In the event of cancellation, a full refund of registration fees will be made. A.C.E. cannot, however, be held liable for other related costs such as hotel or airfare. You may cancel your registration (via email) up until 30 days prior to the activity date and receive a full refund. Your cancellation after this time will result in a refund, less a \$1500 cancellation fee. No shows will not be refunded. A.C.E. fully complies with the legal requirements of the Americans with Disabilities Act. If any participant is in need of special accommodation, please submit email requests at least one month in advance to us in order to receive accommodations.

(If more than one person is registering, please make duplicate copy, please match address with credit card for billing).

***** Please check: _____ Currently doing Allergy _____ New and Want to Add Allergy to Our Practice *****

Name _____

Office _____

Address _____

City _____ State _____ Zip _____ (must match CC#)

Phone _____ Fax _____ Email _____

Please check appropriate spaces:

___MD ___DO ___ND ___PhD ___RN ___LVN ___LPN ___CNA ___PA ___RPH ___TECH

Office Specialty: ___ENT ___FP ___GP ___PED ___IM ___FM (functional medicine) ___DC ___OTHER

Check enclosed in the amount of _____ (\$8,050/1st day, \$12,500/ both days per person) Additional Staff will get a 50% Make check payable to *Allergy Continuing Education*.

Bill my credit card: ___VISA ___MasterCard ___American Express \$ _____ Amount Billed to Credit Card†

Credit Card : _____ Expiration date: _____ CVV: _____

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Please Scan & EMail : diana@allergycme.com Questions??? Call 904.860.4499

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