

Faculty

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Owner – A.C.E.

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Practice Consulting – Ft. Lauderdale, FL
Owner – Practice, Finance, Marketing &
Management, Inc.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Planners: None of the planners for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Speakers: None of the speakers for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients except for the individual listed below:

Ms. Diana Kelley disclosed that she is a Consultant for Spririplex Inc.

All of the relevant financial relationships listed for this individual have been mitigated.

Basic Allergy Testing & Treatment

HOW TO DO IT



Florida Medical Association

Provided by



Indigo Marina Hotel

Panama City, FL

April 4-5, 2025

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Florida Medical Association and the Allergy Continuing Education. The Florida Medical Association is accredited by the ACCME to provide continuing medical education for physicians.

THE FLORIDA MEDICAL ASSOCIATION DESIGNATES THIS LIVE ACTIVITY FOR A MAXIMUM OF 9.25 AMA PRA CATEGORY 1 CREDITS™. PHYSICIANS 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 – Slides/Hands On**

Diana D. Kelley, BA

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
Evaluations**

Registration Form **Allergy Testing & Treatment - How To Do It**

April 4 _____ & April 5 _____, 2025

(please check which dates you would like to attend)

Please Call Allergy Continuing Education for reservations – 904.860.4499

Registration Fee: \$10,500/ 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 _____ (\$10,500/1st day, \$12,500/ both days per person) Additional Staff or current accounts will get a 50% on the fee.

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: _____

Cardholder's Signature: _____

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

9787 Sawgrass Dr. E. Ponte Vedra, FL 32082 or Register Online www.allergycme.com



Allergy Continuing Education