

# PODIATRIC MEDICAL ASSISTANT AND PRACTICE MANAGER REGISTRATION FORM

## SOUTH CAROLINA PODIATRIC MEDICAL ASSOCIATION (SCPMA) Fall 2010 Continuing Education Program Friday - Saturday, October 8 - 9, 2010

**NOTE:** PLEASE PHOTOCOPY REGISTRATION FORM AS NEEDED, BUT SUBMIT ONLY ONE FORM FOR EACH PARTICIPANT FROM SAME PRACTICE. HOWEVER, FEES CAN BE COMBINED IN ONE PAYMENT FOR ALL PMAs/PM IN THE SAME PRACTICE.

PLEASE TYPE OR PRINT CLEARLY

Full Name: \_\_\_\_\_ "Call" Name Program Badge \_\_\_\_\_

Employer Name: \_\_\_\_\_, D.P.M. APMA # \_\_\_\_\_

Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Voice No: (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

E-mail (Required for confirmation): \_\_\_\_\_@\_\_\_\_\_

Are you currently a member of the ASPMA? ( ) Yes ( ) No ASPMA Member No.: \_\_\_\_\_

Are you currently certified with SCRQSA? ( ) Yes ( ) No SCRQSA Cert. No.: \_\_\_\_\_

CHECK EACH BOX APPLICABLE. CHECK TRACK "TIMES" TO PREVENT OVERLAP.

	<u>SCPMA/APMA Mbr PMAs</u>	<u>Non-SCPMA/APMA Mbr PMAs</u>
{ } Track 1a Clinical Certification Examination Review	\$75.00 \$ _____ .00	\$00.00 \$ <u>N/A</u> .00
{ } Track 1b Clinical Certification Examination	\$75.00 \$ _____ .00	\$00.00 \$ <u>N/A</u> .00
{ } Track 2 Basic Life Support (Initial and Renewal)	\$75.00 \$ _____ .00	\$90.00 \$ _____ .00
{ } Track 3 Understanding Podiatric Terminology*	\$30.00 \$ _____ .00	\$35.00 \$ _____ .00
{ } Track 4 How to Prepare for a DHEC Inspection	\$40.00 \$ _____ .00	\$45.00 \$ _____ .00
{ } Track 5 Practice Protocol for a DHEC Inspection	\$25.00 \$ _____ .00	\$35.00 \$ _____ .00
{ } Track 6 Medicaid Fee for Service Overview	\$25.00 \$ _____ .00	\$35.00 \$ _____ .00
{ } Track 7 Fundamentals of Radiation Protection	\$50.00 \$ _____ .00	\$60.00 \$ _____ .00
{ } Track 8 Podiatric Anatomy & Common Podiatric X-ray Problems	\$25.00 \$ _____ .00	\$35.00 \$ _____ .00
{ } Track 9 Wound Vac and Diabetic Foot Ulcers	\$30.00 \$ _____ .00	\$45.00 \$ _____ .00
{ } Track 10 Surgical Instrumentation and Sterile Techniques	\$30.00 \$ _____ .00	\$45.00 \$ _____ .00
{ } Box Lunch - Friday, October 8th	\$20.00 \$ _____ .00	\$20.00 \$ _____ .00
( ) Box Lunch - Saturday, October 9th	\$20.00 \$ _____ .00	\$20.00 \$ _____ .00
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____ .00</b>	<b>\$ _____ .00</b>

**See Payment Options and Cancellation/Refund Policy on reverse side of Registration Form →**

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# Payment Options

SCPMA Podiatric Medical Assistant (PMA) and Practice Manager (PM)  
Fall 2010 Continuing Education Program • Friday - Saturday, October 8 - 9, 2010  
Embassy Suites - Greystone • Columbia, SC

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PROGRAM REGISTRATION FEE:

Total amount due from front page: \$ \_\_\_\_\_ .00

BY CHECK: Make check payable to SCPMA. MAIL PAYMENT TO: P.O. BOX 11096, COLUMBIA, SC 29211

BY CREDIT CARD: \_\_\_\_\_ MASTER CARD \_\_\_\_\_ VISA

Payment by credit card may be faxed to: 803/739-8874

\$ \_\_\_\_\_ TOTAL AMOUNT TO BE CHARGED TO CREDIT CARD

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

V-CODE (3 DIGITS ON BACK OF CARD): \_\_\_\_\_

CARDHOLDERS'S NAME (as it appears on card): \_\_\_\_\_  
(REQUIRED FOR PROCESSING)

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

PHONE NUMBER FOR BILLING FOLLOW UP: ( \_\_\_\_\_ ) \_\_\_\_\_

Please list full names of all individuals for whom payment is being made, if more than one from same practice:

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Cancellation/refund requests (which are subject to a \$50.00 processing fee) must be submitted in writing and received no later than **September 16, 2010**, to be honored. Refunds will not be granted for no-shows.

*Questions? Call 803/926-7488.*



(Please indicate any special needs or dietary restrictions you have.)