

Los Angeles County Immunization Program

Willie Watts-Troutman, RN, PHN, Adult Immunization Coordinator

FREE CEU INSERVICES

2014 Adult Immunization Schedule

COURSE OBJECTIVES:

1. Explain two configurations used to interpret the immunization recommendations on the 2014 adult schedule.
2. List four immunizations for adults that are recommended by Advisory Committee on Immunization Practices (ACIP)
3. State three major high-risk medical indications for adult immunizations.
4. List two major reasons Healthcare Personnel (HCP) are recommended for vaccination.
5. Identify two primary indications for immunizing ethnically diverse adults, age 19 years and older in LA County.



DATE	TIME	LOCATION	TOPIC	Contact Hours
4/11/14 Friday	9:00 am & 1:30 pm	County of Los Angeles DPH -Ferguson Complex 5555 Ferguson Dr., City of Commerce, CA 90022 Conference Room 210-04, 2nd floor	2014 Adult Immunization Schedule	2.0
4/15/14 Tuesday	2:00 pm	Olive View-UCLA Medical Center 14445 Olive View Dr., Sylmar, CA 91342 Auditorium – 1st Floor	2014 Adult Immunization Schedule	2.0
4/30/14 Wednesday	9:00 am & 1:30 pm	Curtis Tucker Public Health 123 W. Manchester Blvd., Inglewood, CA 90301 Conference Room, 2nd Floor	2014 Adult Immunization Schedule	2.0
5/29/14 Thursday	9:00 am & 1:30 pm	County of Los Angeles DPH -Ferguson Complex 5555 Ferguson Dr., City of Commerce, CA 90022 Conference Room 210-04, 2nd Floor	2014 Adult Immunization Schedule	2.0
6/10/14 Tuesday	9:00 am & 1:30 pm	The California Endowment Center 1000 N. Alameda St., Los Angeles, CA 90012 (No outside food, Cafe on premises)	2014 Adult Immunization Schedule	2.0

To register for one of the trainings, please complete the registration form below and send to: Theresa Calhoun at tcalhoun@ph.lacounty.gov For more information on the trainings listed above, or to schedule a CME training sponsored by the Immunization Program, please visit our website publichealth.lacounty.gov/ip/trainconf.htm or call (213) 351-7800.

NAME: _____ LICENSE#/TITLE (NP, RN, LVN): _____

CLINIC NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Please check the box for the 2-hour training you will attend:

- | | | |
|--|--|--|
| <input type="checkbox"/> 4/11/14 @ 9:00 am | <input type="checkbox"/> 4/11/14 @ 1:30 pm | <input type="checkbox"/> 4/15/14 @ 2:00 pm |
| <input type="checkbox"/> 4/30/14 @ 9:00 am | <input type="checkbox"/> 4/30/14 @ 1:30 pm | <input type="checkbox"/> 5/29/14 @ 9:00 am |
| <input type="checkbox"/> 5/29/14 @ 1:30 pm | <input type="checkbox"/> 6/10/14 @ 9:00 am | <input type="checkbox"/> 6/10/14 @ 1:30 pm |

Voluntary Request for Reasonable Accommodation (ADA): Individuals with special needs should contact the Immunization Program at (213) 351-7800 at least 3 working days in advance of the activity for assistance.