



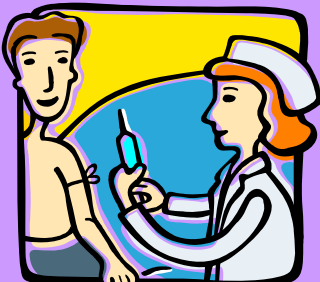
**KIDS
LOVE THEM
PROTECT THEM
IMMUNIZE THEM**

Make yourself a better immunization provider and attend one of these in-services.

These in-services will enhance your knowledge of current vaccine recommendations and assist you in implementing evidenced-based immunization practices in your facility. The courses are open to all healthcare personnel who play a roll in providing immunization services.

Goal: To improve immunization practices among providers in Los Angeles County.

**2010 Course
Schedule**



Date	Day	Time	Class	Location
02/03/2010	Wednesday	11:00 -12:30	IZ Update 2010	North Area Field Unit
03/17/2010	Wednesday	10:00 -11:30	IZ update 2010	Valley Care Mid Valley HC Conf. Room 5 th Floor
04/21/2010	Wednesday	11:00 -12:30	IZ Schedule 2010	North Area Field Unit
06/16/2010	Wednesday	10:00 -11:30	Vaccine Storage and Handling	Valley Care Mid Valley HC Conf. Room 5 th Floor
09/15/1020	Wednesday	10:00 -11:30	Standards of Immunization Practices	Valley Care Mid Valley HC Conf. Room 5 th Floor
12/15/2010	Wednesday	10:00-11:30	Pre-Teen IZ	Valley Care Mid Valley HC Conf. Room 5 th Floor

Provider approved by the Board of Registered Nurses, Provider # 11808.
1.5 CEU for LVNs and RNs. Medical Assistants will receive a Certificate of Attendance.
To register, Please complete the attached registration form and fax to:
(213) 637-4543 Attention: Bethany Lorca

Registration Form

Please submit one registration form per person and per class.
(You may duplicate this form.)

Please check which date you would like to attend:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 02/03/2010 | Immunization Update 2010 |
| <input type="checkbox"/> 03/17/2010 | Immunization Update 2010 |
| <input type="checkbox"/> 04/21/2010 | Immunization Schedule 2010 |
| <input type="checkbox"/> 06/16/2010 | Vaccine Storage and Handling |
| <input type="checkbox"/> 09/15/2010 | Standards of Immunization Practice |
| <input type="checkbox"/> 12/15/2010 | Pre-Teen Immunization |



PLEASE PRINT

DATE: _____

NAME: _____

CLINIC/PROVIDER NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ E-mail: _____

All classes are held at either:

<p>North Area Field Unit 12502 Van Nuys Blvd., #204 Pacoima, CA 91331 Conference Room</p>	<p>Valley Care Mid-Valley 7515 Van Nuys Blvd. Van Nuys, CA 91405 5th Floor Conference Room</p>
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Please fax completed registration form to:
Bethany Lorca, Nurse Consultant @ (213) 637-4543
Or e-mail to blorca@ph.lacounty.gov
For more information please call (818) 896-6255 or
Check our website www.publichealth.lacounty.gov/ip
For room changes or cancellations.