



Non-Prescription Syringe Access in California Pharmacies: Making It Real

A CPhA On-Demand Webinar

This webinar will be an interactive panel discussion from front line pharmacists who have successfully implemented non-prescription syringe access in their communities. A brief overview of harm reduction and addiction principles will be included. We will briefly review and answer the most frequently asked questions regarding the new non-prescription syringe access law.

LEARNING OBJECTIVES

Upon completion of this activity, participants should be able to:

- Define harm reduction, as it relates to caring for patients with drug addiction.
- Identify strategies to overcome the challenges that pharmacists have faced providing syringe access.
- Identify potential partners and resources to assist you in moving syringe access forward in your community.

SPEAKERS

Valerie J. Rose, Dr.PH, MPH

Kirsten B. Balano, PharmD, AAHIVP

Alessandra Ross, MPH



The California Pharmacists Association (#0113) is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. Upon completing an evaluation form, participants will be awarded 1 hour (0.1 CEUs) of Continuing Pharmacy Education Credit. A statement of credit will not be issued. Participants may log onto the CPE monitor website using their individual log in to download their statement of credit. Please allow 4 weeks for processing of CPE credits to the CPE monitor.

UAN: 0113-000-15-036-L05-P, 0113-0000-15-036-L05-T. Expires 1/14/18.

To register for this program, please complete and return this form to:

California Pharmacists Association, Attn: Gianna Setoudeh, 4030 Lennane Drive, Sacramento, CA 95834

Fax: 916-779-1401 • Email: gsetoudeh@cpha.com

Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Current Position: Pharmacist Student Other: _____

Registration Fee: \$49 CPhA Member \$99 Non-Member

METHOD OF PAYMENT

Credit Card: Visa MC AMEX

Check (Payable to CPhA)

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

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