



AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

ACCREDITATION STATEMENT

The American Academy of Disability Evaluating Physicians (AADEP) designates this educational activity for a maximum of 8.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Academy of Disability Evaluating Physicians is accredited with commendation by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CERTIFICATION IN
AMA GUIDES TO THE EVALUATION
OF PERMANENT IMPAIRMENT,
SIXTH EDITION IS AVAILABLE!
Call 800.456.6095 x23 for details**

OBJECTIVES

Upon completing this course, the learner will be able to:

- Identify/learn necessary skills to apply *AMA Guides Sixth Edition* accurately;
- Identify/navigate potential problem areas of *AMA Guides Sixth Edition*;
- Complete at least one case study during each impairment segment;
- Assess the medical-legal impact of the *AMA Guides to the Evaluation of Permanent Impairment*;
- Identify/change practice patterns necessary to improve outcomes.

AADEP
AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

223 W Jackson Blvd
Suite 1104
Chicago, IL 60606-6900
Toll Free 800/456-6095
Phone 312/663-1171
Fax 312/663-1175
www.aadep.org



AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

ACCEPT NO SUBSTITUTES! LEARN IT FROM THE BEST! *AMA GUIDES* *SIXTH EDITION* IMPAIRMENT RATING COURSE

AADEP EDUCATION AND YOU!

*Growing and Transitioning Your Medical Practice
Independent Medical Evaluations-Report Writing-
Depositions-Billing-Marketing*



SATURDAY, MARCH 14, 2015
Wesley Medical Center
550 North Hillside Street
Wichita, Kansas 67214

FACULTY

J. Mark Melhorn, MD, FAADEP
Chris Fevurly, MD, FAADEP
John McMaster, MD, FAADEP

Join these Kansas physicians to learn how to
navigate and utilize the
AMA Guides Sixth Edition, now required
by law for impairment ratings in Kansas.

Others who may find this course useful include Chiropractors, Case Managers, Claims Representatives, Psychologists, Allied Health Professionals including Physical Therapists, Occupational Health Nurses, and Legal, Insurance, or Risk Management Professionals.

AMA Guides Sixth Edition Impairment Rating Course

Saturday, March 14, 2015—Wichita, Kansas

- 8:00am PRE-TEST/Introduction to AADEP/
Introduction to *Sixth Edition* and Its
Clarifications/Chapters 1 & 2
Mark Melhorn, MD, FAADEP
- 9:00am Chapter 17: Spine and Pelvis
Mark Melhorn, MD, FAADEP
- 10:00am **BREAK**
- 10:15am Chapter 15: Upper Extremity
Mark Melhorn, MD, FAADEP
- 12:00pm **LUNCH (PROVIDED)**
- 12:30pm Chapter 16: Lower Extremity
Mark Melhorn, MD, FAADEP
- 1:30pm Chapter 13: Peripheral Nervous System
Mark Melhorn, MD, FAADEP
- 2:30pm Chapter 3: Pain
John McMaster, MD, FAADEP
- 3:00pm **BREAK**
- 3:15pm Chapter 14: Mental Disorders
John McMaster, MD, FAADEP
- 4:00pm Chapters 4-12 Highlights
Chris Fevurly, MD, FAADEP
- 5:00pm Questions/Clarifications/POST-TEST
Mark Melhorn, MD, FAADEP
- 5:15pm **ADJOURNMENT**

AADEP thanks the following organizations for their support and would like to offer their members a \$100 discount on the course registration fee!



To register with the member discount, indicate your membership on the registration form. Fax completed registration to 312/663-1175 or call 312/663-1171 x23 to register by phone.

For other 2015 CME opportunities visit the CME Live Events/Webinars Calendar at aadep.org

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SIXTH EDITION Registration Form

Please print or type all information.
Complete one form per person.

NAME		NICKNAME	
<input type="checkbox"/> MD	<input type="checkbox"/> DO	OTHER	SPECIALTY

ADDRESS		
CITY	STATE	ZIP

TELEPHONE (O)	FAX NUMBER (O)
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E-MAIL ADDRESS (REQUIRED TO RECEIVE CONFIRMATION)

Saturday, March 14, 2015	By Mar 9	On-Site
<input type="checkbox"/> NON-MEMBER PHYSICIANS	\$450	\$500
<input type="checkbox"/> OTHER PROFESSIONALS	\$450	\$500
<input type="checkbox"/> NURSE CASE MANAGERS/INSURANCE ADJUSTERS/RESIDENTS	\$150	\$200

Payment Information

Make Check AADEP
Payable to: 223 W Jackson Blvd Suite 1104
Chicago, IL 60606-6900

Payment Amount: \$ _____

Card No.	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEX
Three/Four Digit Security Code:	Expiration Date:		____ / ____
Billing Street Address Number ONLY:	Billing Zip Code:		_____

Signature _____

CANCELLATION POLICY

There is a \$150 service fee for all cancellations received before 3/9/15. No refunds for cancellations received after 3/9/15 or for NO SHOWS.