

Mainpro® C Workshop

Healthy Child Development - 18 Month Well Baby Visit

This Mainpro® C interactive case-based workshop will provide an overview of the field of Preventative Pediatric Health Care (0 to 6 years), using various evidence based tools. The workshop will use the 18 Month Well Baby Visit examination to illustrate key concepts, in particular, the Rourke Baby Record and the Nipissing District Developmental Screen. Case studies will highlight risk factors, autism spectrum disorder, speech delay, motor delay and global developmental delay. The Healthy Child Development Improving the Odds Toolkit and Facing the Challenges Manual will be used as resources for this course and will be supplied on a CD. Local resources and referral services will be discussed.

Facilitator: Dr. Patricia Mousmanis, MD, CCFP, FCFP

**Friday, October 29, 2010
8:00 a.m. to 12:00 p.m.**

**Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON**

**FREE
PARKING**

Of special interest to:

Family Physicians, Pediatricians, Nurse Practitioners, Public Health Nurses,
Family Practice Nurses, and Community Health Nurses

**This program meets the accreditation criteria of the College of Family Physicians of
Canada and has been accredited for 3.0 MAINPRO – C credits**

**To register, please complete the registration form (on reverse)
Registration Fee: \$124 (before October 1);
\$150 (after October 1)**



For information, please contact
Peterborough County-City Health Unit
Leisa Baker, Public Health Nurse
705-743-1000, ext. 312
lbaker@pcchu.ca

**Peterborough County-City
HEALTH UNIT**
...because health matters!

Presented by the Ontario College of Family Physicians
in partnership with the Peterborough County-City Health Unit

www.pcchu.ca

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Healthy Child Development - 18 Month Well Baby Visit

Friday, October 29, 2010

8:00 a.m. to 12:00 p.m. (breakfast provided)

Early Registration Deadline: Friday, October 1, 2010

Registration/Contact Information:

Name: _____ OCFP Membership No: _____

Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Payment Amount: _____ Cheque enclosed

Registration Fee: \$124 (before October 1); \$150 (after October 1)

- **Registration Fees are non-refundable and are payable at time of registration**
- Cheques are to be made payable to: Peterborough County-City Health Unit
- Registration fee includes materials and breakfast
- Map will be mailed with confirmation and receipt

Please send completed Registration Form with Payment to:

Peterborough County-City Health Unit

10 Hospital Drive

Peterborough, ON K9J 8M1

Attn: Leisa Baker, Public Health Nurse



For internal use only:

Payment processed, by (please initial): _____

Receipt issued