

TOPICS AND CASE STUDIES IN ADVANCED PEDIATRIC SLEEP MEDICINE

Approved for 10.25 AMA
PRA Category 1 Credits™*

Sponsored and Presented by the Clayton Sleep Research Foundation in partnership with the Sheldon Consulting Group, Inc.

APRIL 21-22, 2012

Clayton Sleep Research Foundation Conference Center
11200 Tesson Ferry Road, St. Louis, MO 63123

FACULTY:

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Personalized, **1 to 1** Instruction in Small Groups

AGENDA

SATURDAY, APRIL 21, 2012	
9:00 - 9:30 AM	INTRODUCTIONS AND DISCLOSURES; Presentation of Learning from Clinical Problem Solving (Case Method).
9:30 - 11:00 AM	CASE 1: 9-Month-Old Male With A History Of Nighttime Waking
11:00 - 11:15 AM	BREAK
11:15 AM - 12:15 PM	CASE 2: 8-Year-Old Female With History Of Nightly Nightmares
12:15 - 1:00 PM	LUNCH
1:00 - 3:30 PM	CASE 3: 7-Year-Old Female With A History Of Syncope
3:30 - 4:00 PM	REVIEW OF CASES 1, 2, 3
4:00 - 4:15 PM	HOMEWORK ASSIGNMENTS AND ADJOURN

SUNDAY, APRIL 22, 2012	
9:00 - 9:30 AM	REVIEW OF DAY ONE; Question & Answer
9:30 - 11:00 AM	CASE 4: 4-Year-Old Male With History Of ADHD
11:00 - 11:15 AM	BREAK
11:15 AM - 12:15 PM	CASE 5: 2-Month-Old Male With Stridor
12:15 - 12:30 PM	BREAK; Distribution Of Box Lunch
12:30 - 1:15 PM	ASSESSMENT & EVALUATION OF LEARNING OBJECTIVES;
1:30 PM	ADJOURN AND COLLECTION OF CME AFFIDAVITS

LEARNING OBJECTIVES:
By the End of the Sessions the Learner will be able to:

- ▷ **Obtain** an age-appropriate history and conduct an age appropriate physical examination.
- ▷ **Establish** a comprehensive differential diagnosis for the child who presents to the practitioner with problem sleeplessness (pediatric insomnia).
- ▷ **Establish** a comprehensive differential diagnosis for the child who presents to the practitioner with problem sleepiness.
- ▷ **Establish** a comprehensive differential diagnosis for the child who presents with symptoms suggestive of parasomnias.
- ▷ **Establish** a diagnostic and therapeutic approach to the child with symptoms suggesting sleep-disordered breathing.
- ▷ **Create** an appropriate environment for obtaining optimal data during polysomnography in infants and children
- ▷ **Determine** when comprehensive polysomnography is indicated in the pediatric population.

www.sleepupdates.org/pediatrics

***American Medical Association:** Saint Louis University School of Medicine designates this live activity for a maximum of 10.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.



***Accreditation:** Saint Louis University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

TOPICS AND CASE STUDIES IN ADVANCED PEDIATRIC SLEEP MEDICINE COURSE REGISTRATION FORM - Register by fax, phone or USPS

Registration for the conference is \$1,300. Register by March 30, 2012 and save \$300!
You must register by April 6, 2012 to guarantee course materials and meals.

One registration per form only.

Complete all information and print clearly and accurately or we may not be able to process your registration or CME credits.

Register by Fax,
You must pay by credit card. Fax this completed form with your credit card information to Pediatric Course Coordinator, 314-255-2352

Register by Phone
You must pay by credit card. Call Toll Free 877-334-2676 and conference staff will take your registration information including your credit card information.

To Register by Mail you may pay by credit card or by check. Complete this form, including your credit card information or enclosing your check made payable to Clayton Sleep Research Foundation and mail to:

Pediatric Course Coordinator
c/o Black Twig Communications
7711 Bonhomme Ave, Suite 505
St. Louis, MO 63105

Please complete all information legibly so we may properly register you for the conference and CMEs.

First Name: _____

Middle Initial: _____ Last Name: _____

Company/Institution: _____

Check all that apply:

Physician (MD or DO) Other _____

Attendance Certificate: Yes No Attendance Affidavit: Yes No

Practice Speciality: _____

License or Member #: _____

Email or Mailing Address for your continuing medical education certificate or letter of attendance:

Street Address: _____

Suite/Apt: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

QUESTIONS?

Contact the Pediatric Course Coordinator

Email: peds@blacktwigllc.com

Phone: 877-334-2676 | Fax: 314-255-2353

IMPORTANT!—Your course registration fee *does not* cover your overnight accommodations or meals and activities outside of the course. Cancellation may affect refund of all or a portion of your registration fee. We have reserved a block of rooms for course registrants at \$85 at The Holiday Inn South County Center, 6921 S. Lindbergh Blvd., St. Louis, MO 63125, 314-892-3600. Rates will be held until April 6, 2012. The course will provide ground transportation from the hotel to the conference center at the beginning and end of each course day. Tuition includes breakfast and lunch on both days.