HEART & VASCULAR SYMPOSIUM

Saturday, November 2, 2013
7:50 a.m. to Noon
Texas Health Presbyterian Hospital Dallas
Fogelson Forum Auditorium
8200 Walnut Hill Lane | Dallas, TX 75231

Presented by
Texas Health Presbyterian Hospital®
DALLAS
www.TexasHealth.org/CME
This symposium is for primary care physicians, internal medicine physicians, family practice physicians, cardiologists, nurse practitioners, physician assistants, nurses and cardiovascular allied health professionals.

**Symposium Objectives**

*At the end of this symposium, participants should be able to:*

- Recognize the signs and symptoms of total occlusion of coronary artery disease (CAD).
- Identify treatment options for the management of CAD.
- Describe the interventional approach to total occlusion of CAD.
- Explain the proper diagnosis of peripheral vascular disease (PVD).
- Analyze appropriate medications, interventional and surgical approaches for treating PVD.
- Examine the indications for amputation.
- Identify the idiopathic and secondary causes of hypertension.
- Discuss the medical treatment of hypertension.
- Define the indications for renal sympathetic denervation.
- Describe new anticoagulation options for atrial fibrillation.
- Discuss options when blood thinner is contraindicated.
- Analyze ablative treatments for atrial fibrillation and subsequent outcomes.
- Describe the presentation of an acute stroke.
- Evaluate the work-up for acute stroke.
- Identify the indications and outcomes for interventional thrombolysis.
- Examine the treatment options for valvular heart disease.
- Assess the team approach to treating valvular heart disease.
- Recognize the indications and outcomes for transcatheter aortic valve replacement (TAVR).
- Explain the common types of congenital heart disease.
- Analyze physical exam findings of congenital heart disease.
- Discuss the role of physical exam in cardiology.
Accreditation

PHYSICIANS
Texas Health Research & Education Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Texas Health Research & Education Institute designates this live activity for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The presentations “Peripheral Vascular Disease” and “Valvular Heart Disease: A New Era in Treatment” have been designated by Texas Health Research & Education Institute for 1 credit in medical ethics and/or professional responsibility.

NURSES
Texas Health Dallas - Texas Health Resources University is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
7:50 - 8 a.m.  Welcome and Announcements

8 - 8:30 a.m.  Coronary Artery Disease: Total Occlusion
James B. Park, M.D., FACC

8:30 - 9 a.m.  Peripheral Vascular Disease
Humam Kakish, M.D.

9 - 9:30 a.m.  Hypertension: Renal Denervation
Tony S. Das, M.D., FACP, FACC

9:30 - 9:45 a.m.  BREAK

9:45 - 10:15 a.m.  Atrial Fibrillation: Up-to-Date Management
Dale Yoo, M.D.

10:15 - 10:45 a.m.  Interventional Management of Acute Cerebral Vascular Accidents
Michael Fawcett, M.D.

10:45 - 11:15 a.m.  Valvular Heart Disease: A New Era in Treatment
J. Mark Pool, M.D.

11:15 - 11:45 a.m.  Congenital Heart Disease: The Forgotten Art of Physical Exams
John F. Harper, M.D., FACC, FAHA

11:45 a.m.  Evaluation and Adjourn

Registration Information
Due to limited seating, advanced registration is encouraged. To receive a registration discount, your registration must be received no later than Friday, Oct. 25, 2013. All registrations will be confirmed.

For additional information, contact the Office of Continuing Medical Education toll-free at 1-866-295-3269. Registrations received via fax, phone or website must include credit card information in order to be processed.

How to Register
- Online: www.TexasHealth.org/CME
- Call Toll-Free: 1-866-295-3269
- Fax: 682-236-6622
- Mail: Texas Health Research & Education Institute, Office of CME 612 E. Lamar Blvd., Suite 1212 Arlington, TX 76011

Please make checks payable to: Texas Health Research & Education Institute.

Cancellation
If you cannot attend, the Office of Continuing Medical Education will refund the registration fee, less a $30 administrative fee, provided it is requested in writing prior to Oct. 18, 2013. No refunds will be issued after this date or for non-attendance. There is no charge for a substitute registrant. In the event of symposium cancellation, notification will be given two weeks in advance of the symposium and the fee fully refunded.
Heart and Vascular Symposium  |  November 2, 2013

REGISTRATION FEE
Received by Oct. 25, 2013
☒ $75  Physicians
☒ $50  Nurses, allied health professionals and non-physicians

ON-SITE REGISTRATION FEE
Received after Oct. 25, 2013
☒ $90  Physicians
☒ $65  Nurses, allied health professionals and non-physicians

Payment must be included for registration to be processed. Registrations will only be accepted on-site after Oct. 25, 2013.

First Name ___________________________ Last Name ___________________________

Last 4 digits of SSN ___________ Texas Health Resources Employee ID# (if applicable) ___________________________

Please select as appropriate: ☐ MD ☐ DO ☐ PhD ☐ NP ☐ PA ☐ RN ☐ Other ___________________________

Hospital Affiliation ___________________________

Specialty ___________________________

Address ___________________________

City, State, ___________________________ Zip ___________________________

Preferred Phone Number ( ___ ) ___________________________ Fax Number ( ___ ) ___________________________

E-mail ___________________________ (Confirmation will be sent to the e-mail address above)

Do you have any special physical, dietary (for example, vegetarian, kosher, etc.) or other needs? ☐ No ☐ Yes

If yes, please describe ___________________________

Payment Information

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number ___________________________

Exp. Date ___________ Customer Code ___________ Amount to be charged ___________________________

(3 digit # on back of credit card)

Billing Address (if different from above) ___________________________

City, State, Zip ___________________________

Signature of Cardholder ___________________________

Authorization number (CME Office Use) ___________________________

On-Site Emergency Information

Name of Person to Contact ___________________________

Emergency Phone Number (include area code) ___________________________