

Advances in Medicine Series: Alzheimer's and Cognitive Screening  
Thursday, September 12, 2013 – 6 p.m. to 8 p.m.

Haggar Hall, Texas Health Presbyterian Hospital Dallas, 8200 Walnut Hill Lane, Dallas, TX 75231

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This CME activity has been designed for physicians, nurse practitioners and mid-level medical professionals involved in screening, diagnosis, and management of Alzheimer's disease. The goal of this activity is to encourage the flow of information across and between clinicians and patients and introduce some level of accountability to ensure that clinicians readily participate in that information exchange.

Diana R. Kerwin, M.D. will present a didactic lecture that may include case presentations to discuss available tests and strategies for early detection and assessment of Alzheimer's in order to effectively manage the disease in a primary setting. Dr. Kerwin will also identify the need for management strategies and make appropriate recommendations for families and caregivers.

Dr. Kerwin is the medical director of the Texas Alzheimer's and Memory Disorders Program and Chief of Geriatrics at Texas Health Presbyterian Hospital Dallas. She obtained her undergraduate degree from Boston University and medical degree from Medical College of Wisconsin. Dr. Kerwin went on to complete an Internal Medicine residency and fellowship in

Geriatric Medicine at Northwestern University Feinberg School of Medicine in Chicago, Illinois where she served as Chief Resident. Upon completing her fellowship, Dr. Kerwin accepted a position as Assistant Professor for the department of medicine division of Geriatrics at Northwestern University Feinberg School of Medicine. In July 2013, Dr. Kerwin accepted a position with Texas Health Presbyterian Hospital Dallas as the Medicine Director of Texas Alzheimer's and Memories Disorders Program and Chief of Geriatrics. Dr. Kerwin is board certified by the American Board of Internal Medicine and she received a Certificate of Added Qualification in Geriatric Medicine. She is licensed to practice medicine in Texas, Wisconsin, and Illinois. Dr. Kerwin is a member of American Geriatrics Society; American College of Physicians-SGIM; American Association of Geriatric Psychiatry; Vascular-Cognition; Internal Society for Vascular Behavioral and Cognitive Disorders; Internal Congress of Alzheimer's disease.

**Agenda:**

- 5 p.m. Registration and Dinner
- 6 p.m. **Alzheimer's and Cognitive Screening**  
Diana R. Kerwin, M.D.
- 8 p.m. Evaluation and Adjourn

**Format:** Didactic Lectures with Case Presentation and Question/Answer Session

**Location:** Haggar Hall, Texas Health Presbyterian Hospital Dallas  
8200 Walnut Hill Lane, Dallas, TX 75231

**Parking:** Parking is available in Parking Lot 1. A parking validation will be provided to all participants.

**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 2 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Additional Information:** For more information, please contact Eresah Carr at 214-345-2330, send an email to [EresahCarr@Texashealth.org](mailto:EresahCarr@Texashealth.org), or visit [www.Texashealth.org/CME](http://www.Texashealth.org/CME).

*Doctors on the medical staff practice independently and are not employees or agents of the hospital.*

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\*\*\*\*Complimentary Registration\*\*\*\*

**Advanced registration is encouraged.** Please register by September 10, 2013. All registrations will be confirmed.

**REGISTER BY:**

- Web site: [www.TexasHealth.org/CME](http://www.TexasHealth.org/CME)
- Mail: Texas Health Research & Education Institute, CME Department, 612 E. Lamar Blvd., Ste. 1212, Arlington, TX 76011
- Fax: 682-236-6622
- Toll-Free: 1-866-295-3269

**CANCELLATION:** If you cannot attend, contact the Office of Continuing Medical Education prior to September 10, 2013. In the event of course cancellation, notification will be given two weeks in advance of the conference.

**Please type or print legibly**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_ Texas Health Resources Employee ID # (if applicable) \_\_\_\_\_

Please Select as Appropriate: M.D. D.O. N.P. P.A. R.N. Other \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_ Specialty: \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Preferred Phone #:  WK  HM  Cell (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*(Confirmation will be sent to the email address above)*

Do you have any special physical, dietary or other needs:  No  Yes If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ON-SITE EMERGENCY INFORMATION**

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

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