



Attendance and Credit Form for Navigator Pre-Conference Course
Breast Patient Navigator Certification Program
19th Annual National Interdisciplinary Breast Center Conference
 Planet Hollywood Resort & Casino Hotel Las Vegas, Nevada
Saturday & Sunday March 14-15, 2009

RT

Medical License Number _____ State _____

This form will be used as verification of your attendance, and certificates will be mailed by May 29, 2009. Note the time for each session you attended and list the total hours you are requesting for credit. At the end of the seminar, please submit this to the NCBC registration desk.

PLEASE PRINT CLEARLY

Name:

Signature:

Phone:

City:

State:

| SATURDAY | | | |
|--|----------|---|------------------------------|
| Begin | End | Session | Hours Attended RT Credits |
| 8:00 AM | 8:30 AM | Welcome and Introduction | Not Accredited |
| 8:30 AM | 9:30 AM | What Is Patient Navigation? | 1.0 |
| 9:45 AM | 12:45 PM | Breast Patient Navigation Stages | 3.5 |
| 1:45 PM | 2:45 PM | Demonstrating the Value of the Navigator Position | 1.0 |
| 3:00 PM | 5:00 PM | Case Studies in Roundtable Discussion Groups | 2.0 |
| 5:00 PM | 5:30 PM | Wrap-Up | .5 |
| Total Conference Hours For Navigator Program Sessions: (Please circle the total on the right) | | | 8.0 |
| If you did not attend every session listed above, please circle the hour(s) for the sessions you did attend and list the total in the appropriate box in this row: | | | |