



A Primary Care Provider's Guide to Post-Disaster Mental Health Screening

Enduring Materials Program

This program is available on DVD, VHS, and Streaming Video.

Streaming Video is available at <http://www.snahec.org>

This program, presented by Area Health Education Center of Southern Nevada, is designed for EMS personnel, nurses, physicians, and other health care practitioners. The purpose of this program is to increase first responders' and health care workers' knowledge of their role and referral options with respect to mental health screenings following a disaster. This course will also include Psychological First Aid components. At the conclusion, participants will be able to:

- Explain how disaster may impact the short-term and long-term mental health status of those involved;
- Describe normal trauma reactions to disasters and other critical incidents;
- Identify persons in need of professional mental health intervention and provide appropriate referral options; and
- Discuss the effect of disasters on special populations and provide appropriate referral options.

Faculty: **Patricia J. Watson, Ph.D.**, Assistant Professor, Dartmouth Medical School, Department of Psychiatry; Deputy Director of Education and Clinical Networking, National Center for Post-Traumatic Stress Disorder

CME Credit: Area Health Education Center of Southern Nevada is accredited by the Nevada State Medical Association to provide continuing medical education for physicians.

Area Health Education Center of Southern Nevada designates this educational activity for a maximum of *2.0 AMA APR Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CE Credit: This program has been approved by the **EMS Section of the Nevada State Health Division** and the **Southern Nevada Health District EMS Division** for 2.0 contact hours of continuing education. Area Health Education Center of Southern Nevada approves this program for 2.4 hours of **nursing** continuing education credit. This program has been approved by the Board of **Marriage and Family Therapist Examiners** for 2.0 hours of continuing education. This program has been approved by the **State of Nevada Board of Psychological Examiners** for 2.0 hours of continuing education.

Fees: \$25.00

Registration: No advance registration is necessary. Please see the following page to order this program on DVD or VHS or visit <http://www.snahec.org> to take this course online. Participants have 90 days from registration to complete and return the post-test.

Course Completion: Completed post-tests and payments should be mailed to: Area Health Education Center of Southern Nevada, Emergency Preparedness and Response Education Program, 1094 E. Sahara Avenue, Las Vegas, NV 89104, or faxed to: (702) 318-8462, Attn: EPREP.

Questions: Emergency Preparedness and Response Education Program Coordinator, (702) 318-8452, or phpwebclass@snahec.org.

This program is supported by Area Health Education Center of Southern Nevada through Grant #T01HP06397 from the Assistant Secretary of Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of ASPR.

Keep this information sheet for your records; fax or mail the order form or post-test pages only.



A Primary Care Provider's Guide to Post-Disaster Mental Health Screening DVD and VHS Order Form

Enduring Materials Program

**This program is also available via Streaming Video at <http://www.snahec.org>.
If you are using a dial-up modem it is recommended that you order a DVD or VHS.**

Please Print Clearly Date: _____

Name: _____ Employer: _____

Daytime Phone: _____ Alternate Number: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Profession: _____ License No: _____

Please select one: DVD VHS

How did you learn about this training opportunity: (please check all that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website | <input type="checkbox"/> Hardcopy brochure |
| <input type="checkbox"/> Promotional Postcard | <input type="checkbox"/> Colleague | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ | |

Bottom portion to remain in Accounting:

Course Fee: \$25.00

Registration fees are being covered by:

Check # _____ Purchase Order # _____ Credit Card

Type of Card: VISA MC Discover

Credit Card Number: _____ Exp Date: ____/____/____

Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Name on card: _____ Signature: _____

Amount to be processed: \$ _____ Copy of Receipt: *Will be mailed at your request.*

For Accounting Use: Date: _____ Amount: _____ Acc Sign: _____ Ref #: _____

Please make a copy and keep this form for your records prior to mailing

Area Health Education Center of Southern Nevada (AHEC)
1094 E. Sahara Avenue, Las Vegas, NV 89104, or fax: (702) 318-8462