

OPTA Fall Workshop

September 28, 2019

Oregon Medical Education Foundation Event Center (OMEF)
11740 SW 68th Parkway, Ste 100 | Portland, OR 97223

Earn up to 3.5 Credit Hours



OPTA

OREGON PHYSICAL THERAPY ASSOCIATION



PTA50
CELEBRATING 50 YEARS



OPTA

OREGON PHYSICAL THERAPY ASSOCIATION

OPTA Fall Workshop

September 28, 2019

Program & Schedule

■ 8:30 – 9:00 AM

Registration

■ 9:00 – 10:30 AM



Collaborative Leadership for PTAs

Presented by David Harris, MBA, PTA

PTAs and SPTAs are invited to participate in this 1.5 hour open discussion, collaboration and education about leadership in the community, in the clinic and beyond. This is a wonderful opportunity to connect with other PTAs, discuss successes, and problem-solve barriers.

■ 10:30 – 10:45 AM

Break

■ 10:45 – 11:45 AM

Beyond “Cultural Competency”: Why the Traditional Model Isn’t Enough

Presented by OPTA Cultural and Minorities Affairs Committee

Cultural competency training has become common in workplace and academic institutions, but how well does that training translate into practice? The idea that a person could, or would, become competent in another person’s race or culture through a training session is unlikely and culturally insensitive. This workshop will move beyond the classic framework to explore where trainings such as these stop short of being able to effect change and discuss ways to develop skills for practicing equity and inclusion in a profession that demands our ability to work in a culturally diverse environment. This workshop will expose participants to new perspectives on increasing cultural competency that focus on skill and knowledge development to address social inequities.

■ 11:45 – 1:15 PM

Lunch Program

■ 1:15 – 2:15 PM



Utilization Management... Why is it Here and What Can We Do About It?

Presented by Chris Murphy, PT

Do you find yourself spending more time on administrative paperwork each month? Join us for the topic all health care providers love to hate - prior authorization, utilization management, and the administrative burden therein. We’ll discuss the factors that have led to the proliferation of utilization management programs in health care and why legislative efforts to address this burden are so challenging. But, don’t despair, there’s a better option to measure value and we’ll outline a roadmap towards that effort.

Registration Information

Continuing Education Credit

CE Hours 3.5 – This course meets the Oregon Physical Therapist Licensing Board's requirements for continuing education. A Course Completion Certificate will be issued to registrants upon completion of the course. Oregon Licensed Therapists and Assistants are encouraged to consult Division 35 of the Licensing Board's Administrative Rules for complete information regarding CE Requirements in Oregon.

Course Restrictions

Registrations must be received by September 26, 2019. Space is limited, so early registration is encouraged to secure your spot. In the event that room space becomes filled to capacity, some registrants will not be able to be accommodated and will be notified. Registrations will be accepted on a first-come, first-served basis. In the event of inadequate registration, weather problems or other events beyond OPTA's control, a meeting may be moved or cancelled. Should this occur, an attempt will be made to contact registrants and fees will be refunded.

Cancellation Policy

Cancellations received prior to September 20, 2019 will receive a full refund minus a \$10 administration fee. Cancellations received after September 20, 2019 will receive a 50% refund of their total fees. No-shows and same-day cancellations will not receive a refund.

Course Registration Fees:

OPTA/APTA Member* \$70

OPTA Service Member** \$50

OPTA/APTA Student Member \$35

PT or PTA Non-Member \$90

* Member category eligibility includes any APTA member whether in Oregon or any other state. (APTA member number is required.)

** For members serving on the OPTA board or a Committee

Payment Policy:

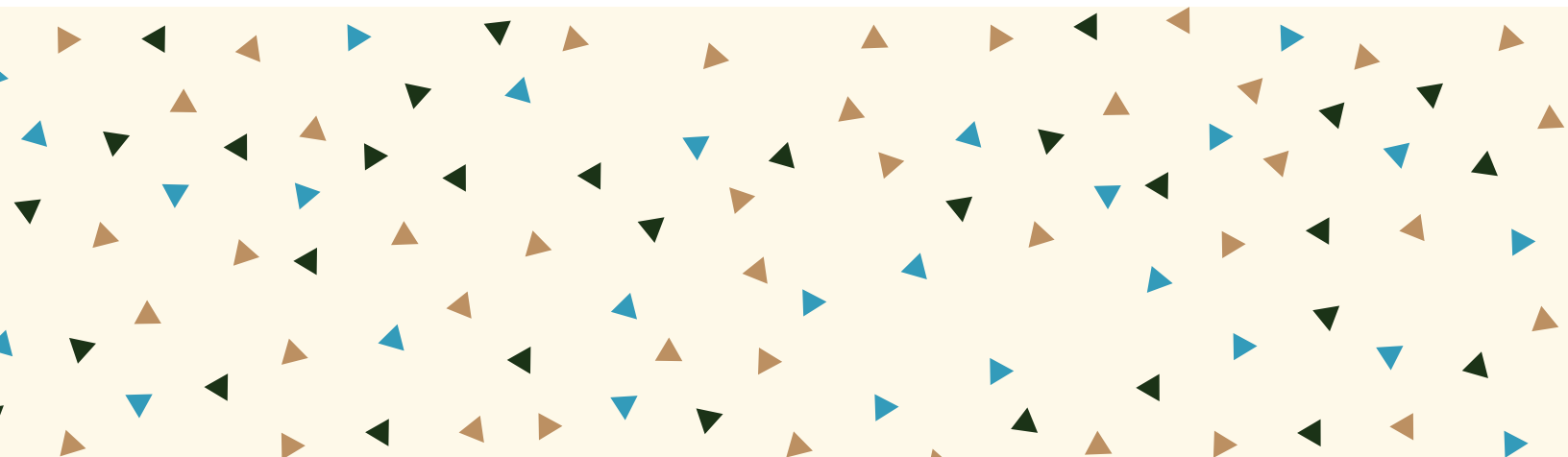
We can only accept registrations in the following ways: online at www.opta.org, via fax at 503.253.9172 or mailed to OPTA at 147 SE 102nd Ave., Portland, OR 97216. We cannot accept emailed or phone in registrations.

Registrant agrees to grant OPTA and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by OPTA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.

Location:

OMEF Event Center

11740 SW 68th Parkway, Ste. 100
Portland, OR 97223





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Only one registrant per form. Copy this form for additional registrants.

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

First Name: _____ Last Name: _____ Designations: _____

Badge First Name (if different): _____

*APTA Membership Number: _____ Oregon License Number: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Liability Waiver: By registering for this workshop, you waive all liability to OPTA for any injury that may occur.

Registration Fees — Please Check One:

- | | | |
|---|------|--|
| <input type="checkbox"/> OPTA/APTA Member* | \$70 | |
| <input type="checkbox"/> OPTA Service Member** | \$50 | **I serve on the following OPTA board position or committee: _____ |
| <input type="checkbox"/> OPTA/APTA Student Member | \$35 | _____ |
| <input type="checkbox"/> PT or PTA Non-Member | \$90 | |

*Member category eligibility includes any APTA member whether in Oregon or any other state.
(APTA member number is required.)

Special Needs:

If you have any special requirements (i.e., vegetarian diet, food allergies, handicap access, etc.) that would necessitate advance planning on our part, please let us know here: _____

PAYMENT OPTIONS (US FUNDS): ☐ Check, Payable to OPTA ☐ Visa/MasterCard ☐ American Express ☐ Discover

Card # _____ Exp. Date _____ Amount Authorized \$ _____

Name on Card _____ CVV: _____

Signature _____

Card Billing Address (required) _____ City _____ State _____ Zip _____

Phone # _____

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Confirmation:

Email confirmation will be sent for this event.

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Questions? Call 503.262.9247 or toll free at 1.877.452.4919