



INDIANA ACADEMY OF
FAMILY PHYSICIANS

CME Credit Certificate: Opioid Prescribing & Abuse Education

The Indiana Academy of Family Physicians provides the following Continuing Medical Education activities on its website to assist family physicians or osteopathic physicians in completing two (2) hours of continuing education in the topic of opioid prescribing and opioid abuse, in order to renew their controlled substances registration:

<p><i>Managing Chronic Pain So It Doesn't Manage You</i> - 1 hour</p> <p>Web-based activity presented by Charles Platz, MD. Originally presented in live virtual format on Wednesday, March 17, 2021. <i>This activity was approved for Prescribed AAFP CME credit.</i></p> <p>Learning Objectives: On completion of this activity, participants will be able to:</p> <ul style="list-style-type: none"> ● Explain the USA's current crisis of opioid use and its extent ● Discuss how a collegial approach to chronic pain can simplify & improve your patient care ● List some key phrases and approaches to make management easier ● Review CDC guidelines, and Indiana prescribing regulations ● Relate the importance of good documentation ● Discuss tips for using INSPECT; understanding toxicology results; and risk stratification ● Recognize the difference between dependence and addiction 	<p><i>Medication Assisted Treatment Of Substance Use Disorder</i> - 1 hour</p> <p>Web-based activity presented by Charles Platz, MD. Originally presented in live virtual format on Wednesday, March 24, 2021. <i>This activity was approved for Prescribed AAFP CME credit.</i></p> <p>Learning Objectives: On completion of this activity, participants will be able to:</p> <ul style="list-style-type: none"> ● Explain the USA's current crisis of opioid use and its extent ● Describe the difference between dependence and addiction ● Discuss the diagnosis of Substance Use Disorder (SUD) ● Define SUD as a chronic medical condition ● Discuss brain changes associated with SUD ● Relate different types of Medication Assisted Treatment (MAT) for Opioid Use Disorder
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Each participant should claim only those hours of credit he/she actually spent in the educational activity.

By completing and signing this form, I certify that I attended _____ (#) of credits of the Continuing Medical Education Activities described above.

Attendee's Name: _____ Attendee's Signature: _____ Date: _____

Kevin Speer, JD
Executive Vice President

Thomas Kintanar, MD
Chair, IAFP Commission on Education