

University of Vermont Project ECHO

Participant Registration and Statement of Collaboration Form



Please complete this registration form by: March 16, 2018

Project ECHO Program: Treatment of Chronic Pain **Program start date:** April 6, 2018 (11:30am to 1pm)

See Program Overview document for program description, objectives, and full schedule for TeleECHO sessions.

Participant Name: _____

Degree/License Type (e.g., MD, APRN, RN, etc.): _____

Telephone: _____ Email: _____

Organization/Practice/Worksite Name: _____

Address: _____ Town/State/Zip: _____

Are you joining Project ECHO as part of a team within your practice or organization? _____

If yes, please list your team members and their roles in the practice: _____

Can we share your contact information with other cohort members in this program? _____

Participant Commitment and Statement of Collaboration:

I have read the Program Overview and by signing this form, I agree that I am committed to working with Project ECHO at UVM and will:

- Participate in each Project ECHO case-based learning session, using a virtual meeting platform (see program schedule, 9 sessions total)
 - Each virtual learning session is 90-minutes in duration and will consist of a case presentation and brief lecture with Q&A. Internet access and a webcam are required. This program uses Zoom web conferencing software; a link to the session will be shared with participants prior to each session.
- Submit (de-identified) case(s) and present them to the group
- Complete a post-assessment survey at the end of each session
- Provide requested evaluation feedback at the end of the full program.

I understand that:

- Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any teleECHO clinician and any patient whose case is being presented in a teleECHO session, and
- While the case consultations and teleECHO sessions may offer recommendations regarding effective evaluation, care, and treatment options, these represent recommendations only. The patient's treating provider retains sole responsibility for selecting and implementing the plan for evaluation, care, and treatment of the patient.

Sign by typing name: _____ Date: _____

Return completed form to one of the following:

Fax: 802-656-3016

Email: ahec@uvm.edu

Mail: UVM OPC and AHEC Program
1 South Prospect Street, Arnold 5
Burlington, VT 05401

General questions about the University of Vermont's Project ECHO can be directed to Elizabeth.Cote@uvm.edu
Clinical/topic-specific questions can be directed to Mark.Pasanen@uvm.edu