



Northwest Portland Area Indian Health Board  
& the Western Tribal Diabetes Project

# NORTHWEST DIABETES MANAGEMENT SYSTEM TRAINING

**Sponsored by.....** Northwest Portland Area Indian Health Board  
**Instructors.....** WTDP STAFF

Training Date/Times December 5-6, 2007

December 5<sup>th</sup> Day 1 – 9:00am to 4:30pm

December 6<sup>th</sup> Day 2 – 9:00am to 4:30pm

Location: Northwest Portland Area Indian Health Board  
527 SW Hall Suite 300, Portland Oregon 97201

[The training room will be open to participants by 8:30am.]

**Course Description:** The Western Tribal Diabetes Instructors will lead participants through the RPMS Diabetes Management System starting with Beginning levels, and finishing with Advanced level coursework. The Standard IHS Diabetes Register is a basic tool for keeping a list of your diabetes patients, their disease type, complications, family members, and case review dates. The Register facilitates the addition, inactivation, and removal of patients from the Register. The system capitalizes on data contained in the PCC and minimizes redundant data entry for local Diabetes Coordinators. Detailed instructions for implementing and utilizing the Diabetes Management System are featured in this course: The Diabetes Register, Diabetes Health Summary, Monitoring of Care Items, Automated Diabetes Audit Program/Reports Module, and Accessibility to all PCC Clinical Data are explored during this course.

**Target Audience:** Diabetes Coordinators, CHR's, Nutritionists, Health Care Providers, Date Entry Personnel

**\*Please Fax registration to: (503) 228-4801.**

**You may also email your registration information to: [rplummer@npaihb.org](mailto:rplummer@npaihb.org)**

You must have registrations and/or cancellations submitted at least **TWO** weeks prior to training. Please contact: [Rachel Plummer](tel:8008625497) (800) 862-5497 ext. 291, to confirm training time, attendance, and registration.

## **Registration for RPMS DMS Training December 5-6, 2007 NPAIHB**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ IP address: \_\_\_\_\_