



# Northwest Diabetes Management System Training Registration 2023

Sponsored by..... Northwest Portland Area Indian Health Board  
Instructors..... Don Head, Erik Kakuska (WTDP STAFF)

If interested in attending, please register with the link provided below. You can also fill out this form and send back to [wtdp@npaihb.org](mailto:wtdp@npaihb.org). Once we receive your registration, WTDP will email a confirmation notice.

Online Registration Link: [https://www.surveymonkey.com/r/DMS\\_training\\_2023](https://www.surveymonkey.com/r/DMS_training_2023)

- March 7-9, 2023
- March 7-9, 2023 (online)
- June 6-8, 2023
- June 6-8, 2023 (online)
- September 26-28, 2023
- September 26-28, 2023 (online)
- December 5-7, 2023
- December 5-7, 2023 (online)

Day 1: 8:30 AM – 3:00 PM  
 Day 2: 8:30 AM – 3:00 PM  
 Day 3: 8:30 AM – 11:30 AM

**Location:** Northwest Portland Area Indian Health Board  
2121 SW Broadway, Suite 300, Portland, OR 97201 ~and~  
Online using the Zoom platform  
The Zoom link will be open to participants by 8:00 am each day of training

**Course Description:** Participants will receive in-person or online instruction in the Diabetes Management System package for RPMS (BDM) in both the “roll and scroll” interface and the Visual DMS graphical user interface (GUI). Topics include building and maintaining diabetes and pre-diabetes registers, editing patient information, and running register and quality assurance reports. Additional topics include using QMAN for custom searches to meet needs that commonly arise for diabetes programs, creating panels of patients in iCare, and performing the annual IHS Diabetes Audit with WebAudit. Instruction is online using a training server with mock patient data.

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

email your registration information to:  
[wtdp@npaihb.org](mailto:wtdp@npaihb.org)

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

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

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

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

Phone (required): \_\_\_\_\_

E-mail (required): \_\_\_\_\_