**HOTEL INFORMATION**

**Sheraton Universal Hotel**
333 Universal Hollywood Drive
Universal City, CA 91608
(818)509-2799

A block of rooms has been reserved for March 2, 2019 with a special rate of $229/night. Applicable taxes are not included. Rooms are based on availability.

The iconic Sheraton Universal Studios Hollywood Hotel, known as the "Hotel of the Stars," has been immersed in the entertainment community. Featuring an awe-inspiring blend of Sheraton's four-star service and the history of an iconic Hollywood hotel, our Universal Studios Hollywood hotel plays a starring role for business travelers who want to extend their trip for pleasure and for leisure guests seeking a friendly, cool and lively Hollywood hotel.

To make a room reservation, please call Sheraton’s Central Reservations Office directly at (888) 627-7186. The special rate listed above is for a standard/traditional guestroom and is subject to all applicable state and local taxes.

Please say you are with AAP-CA Chapter 2 when making your reservation. For more details on the hotel, visit http://www.sheratonuniversal.com/

**CANCELLATION POLICY**

Cancellation requests must be submitted in writing via email or fax and received by February 22, 2019. A refund less an administrative fee of $75 will be processed within four weeks of your received request.

No refunds will be allowed after February 22, 2019.

**FOR MORE INFO...**

If you have any questions, please contact AAP-CA Chapter 2 at (818) 422-9877, Monday thru Friday, 8 am to 5 pm PST or email Chapter2@aap-ca.org.

In accordance with the Americans with Disabilities Act (ADA), please call AAP-CA at (818) 422-9877 to request special assistance.

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**DESIRED OUTCOMES**

The presentational method for this activity will be case presentation with learner participation. Lecture with Q&A, and Small Group Discussion/Roundtable. This activity is geared to meet the educational requirements of Pediatricians. All Physician Specialties, Allied Health Care Professionals, and Nurses are welcome to attend. This activity will encompass the following desirable physician attributes: Medical Knowledge, Professionalism, Interpersonal & Communication Skills, Practice-Based Learning & Improvement and Systems-Based Practice.

At the conclusion of this activity, learners will be able to:

- Understand mindfulness and learn meditation techniques to reduce burnout and promote resilience.
- Discern symptoms and characteristics manifested in children with depression and anxiety, and diminish/rectify their negative impact on their interpersonal and family relationships.
- Increase knowledge and awareness of the current and emerging science and research on ACEs, tonic stress, and their relationship to clinical outcomes.
- Recognize the impact of trauma, depression and anxiety on immigrant youth and best practices to bolster resilience.
- Expand knowledge on the emotional and physical effects of cannabis use in adolescents and young adults.
- Identify common intervention strategies for children who present with emergencies in the office.
- Identify local and State advocacy resources that can influence federal public policy.
- Discuss current Zika virus incidence and recognize children with long-term sequelae.
- Understand the current Prevalence of Diseases in Los Angeles County with a focus on Tuberculosis prevention and testing.

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of PeerPoint Medical Education Institute and Conference Series, LLC. PeerPoint Medical Education Institute is accredited by the ACCME to provide continuing medical education for physicians.

PeerPoint Medical Education Institute designates the live format for this educational activity for a maximum of 6.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
AGENDA
6:30 am – 7:50 am
Continental Breakfast and Registration

6:45 am – 7:30 am
MINDFULNESS FOR CLINICIANS (CME Provided)
Paula J. Whitman, MD, FACEP, FAAP
Mindfulness is a powerful tool to help clinicians to reduce burnout and to promote resilience and wellness.

7:50 am
WELCOME AND INTRODUCTIONS

8:00 am – 8:40 am
ADOLESCENT DEPRESSION AND ANXIETY
Diane Tanaka, MD

8:40 am – 9:20 am
ADVERSE CHILDHOOD EXPERIENCES
Alice Kuo, MD, PhD, MBA, FAAP, FAAPC

9:20 am – 9:50 am
Morning Refreshment Break
Speak with Professors / Visit the Exhibits

9:50 am – 10:30 am
CHILDREN SEEKING SAFE HAVEN: THE HEALTH IMPACT OF MIGRATION ACROSS OUR SOUTHERN BORDER
Julie M. Linton, MD, FAAP

10:40 am – 11:25 am
BREAKOUT SESSION #1
Attendees may choose one seminar.

11:40 am – 12:50 am
Lunch & General Membership Meeting
Presiding Officer: Alice Kuo, MD, PhD, MBA, FAAP, FAAPC

12:55 pm – 1:40 pm
BREAKOUT SESSION #2
Attendees may choose one seminar.

1:45 pm – 2:05 pm
RESIDENT RESEARCH Awardee Presentation

2:05 pm – 2:45 pm
PEDIATRIC EMERGENCIES IN THE OFFICE SETTING
Solomon Behar, MD, FACEP, FAAP

2:45 pm – 3:05 pm
Afternoon Refreshment Break
Speak with Professors / Visit the Exhibits

3:05 pm – 3:45 pm
S. Michael Marcy, MD, FAAP
Memorial Lecture
ZIKA VIRUS UPDATE
Karin Nielsen, MD

3:45 pm – 4:05 pm
VACCINE PREVENTABLE ILLNESS IN LA COUNTY-AN UPDATE
Franklin Pratt, MD, MPH/MTM, FACEP, FAAP

4:05 pm – 4:25 pm
PEDIATRIC TUBERCULOSIS IN LA COUNTY-AN UPDATE
Julie Higashi, MD

FACULTY

Julie M. Linton, MD, FAAP
• Clinical Associate Professor, University of South Carolina School of Medicine Greenville
• Senior author, AAP Policy Statement “Detection of Immigrant Children”
• Medical Director, Homeless Adolescent and Young Adult Wellness Clinic

Solomon Behar, MD, FACEP, FAAP
• Pediatric emergency physician at Long Beach Memorial/Miller Children’s Hospital and Children’s Hospital Los Angeles
• Senior medical editor and host of the Pediatric CME program Pediatrics Reviews and Perspectives (Ped-RAP)

Alice Kuo, MD, PhD, MBA, FAAP, FAAPC
• President, American Academy of Pediatrics, California Chapter 2
• Professor and Chief of Medicine-Pediatrics at UCLA

Diane Tanaka, MD
• Attending Physician, Children’s Hospital Los Angeles
• Medical Director, Homeless Adolescent and Young Adult Wellness Clinic

Karin Nielsen, MD
• Professor of Clinical Pediatrics as the Division of Infectious Diseases, UCLA
• Attending physician for Pediatric Infectious Diseases at Mattel Children’s Hospital
• Co-director of the Care4Families HIV clinic at UCLA

Franklin Pratt, MD, MPH/MTM, FACEP, FAAP
• Medical Director, Vaccine Preventable Disease Control Program
• County of Los Angeles Department of Public Health

Julie Higashi, MD
• Director Tuberculosis Control Program
• County of Los Angeles Department of Public Health

CONTACT INFORMATION

Phone: (check / credit card)

Address: 

City: __________________________ State: __________ Zip: __________

Email: __________________________

ATTENDEE PROFILE

MD ☐ DO ☐ RN ☐ NP ☐ PA-C ☐ OTHER ☐

SYMPHOSIUM REGISTRATION SATURDAY, MARCH 2 (PLEASE CIRCLE TUITION AMOUNT)

TUITION FEE

BY MARCH 1
BY MARCH 1

(early bird
at-the-door)

AAP Physician Member (AAP CA Chapter 2 only)
$165.00
$230.00

AAP Physician Non-Member*
$225.00
$300.00

Physician Residents (by showing the nation anesthesia to the right “Leave that I am currently a resident”)
$75.00
$100.00

Medical Students
$50.00
$99.00

Allied Health Professionals
$169.00
$190.00

Physician Emeritus & Retired
$169.00
$190.00

* Use the chapter option to pay the child amount for AAP CA2

BREAKOUT SESSIONS

SESSION #1 SESSION #2

q I am seeking MOC Part 2 credit. Please provide your ABP ID number.

q Special dietary requests.

q MINDFULNESS SESSION (COMPLIMENTARY, pre-registration required to attend)

q I plan on attending.

THREE WAYS TO REGISTER

1. ONLINE
Visit our website at www.aapcapa2.org

2. BY MAIL
Mail completed registration form with check or credit card information to: AAP-CA2 - PO Box 94127, Pasadena CA 91109

3. BY FAX
Fax completed registration form and credit card information to: 1-888-838-1987

q I have enclosed a check (payable to AAP CA2) in the amount of: $_______

q Please charge my credit card: Mastercard ☐ Visa ☐ American Express ☐

q Credit Card #: __________________________ Exp. Date: __________

q Signature: __________________________

q Name (as it appears on credit card) __________________________

q Credit card billing address (if different from above) __________________________

q Security Code (last 3 digits on back of card) __________________________

q Zip Code (of billing address) __________________________

We encourage you to invite colleagues or organize a reunion with your alumni.