



2018 Annual Education Conference

MARCH 26-29, 2018

Omni Royal Orleans Hotel, New Orleans, Louisiana

"Best Practices for ATD Programs for Health Care Professionals"



Sponsorship & Exhibits Brochure

www.alternativeprograms.org/conference

For information call: 205-823-6106 or email administration@alternativeprograms.org

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*"Best Practices for ATD Programs for Health Care
Professionals"*

About Us

The National Organization of Alternative Programs (NOAP) was founded in Arlington, Virginia in March of 1999. Originally founded with the support of the National Council of State Boards of Nursing, NOAP felt it could better reach multidisciplinary and non-nursing programs as a separate organization.

NOAP was established to promote public safety by developing alternatives to licensure discipline, promoting safe practice and retention through rehabilitation, monitoring, research, education and standardization of programs; and to collaborate with other professional and consumers to achieve those outcomes.

The mission of NOAP is to promote public safety through participation of potentially impaired healthcare professionals in monitored rehabilitation and recovery as an alternative to license discipline, emphasizing fitness to practice and retention of competent professionals. NOAP is committed to working in cooperation with regulatory and professional organizations toward this objective.

NOAP Executive Committee

President

Barbara McGill, MSN, RN

President-Elect

Kathie Simpson, RN, BSN, CAC

Treasurer

John Furman PhD, MSN, COHN-S

Secretary

Becky Eisenhut, MS, RN, CASAC, CARN

Members-at-Large

Suzanne Alunni-Kinkle, MSN, RN, CARN

Jean Sullivan, RN, MA

Past President

Ellen B. Brickman, MPH, MS, RN, NPP

Conference Co-Chairs

Suzanne Alunni-Kinkle, FirstSource Solutions

Kathie Simpson, Pennsylvania Nurse Peer Assistance Program

Committee Members

Ruth Blevins, West Virginia Restore

Barbara McGill, Louisiana Board of Nursing

Jean Sullivan, Affinity Online Solutions



Exhibit Location and Hours

Venue

Omni Royal Orleans Hotel
621 St. Louis Street
New Orleans, LA 70130
Phone: 800-578-0500

<http://www.alternativeprograms.org/2018/venue>



Exhibit Hours

Monday, March 26

- 1pm - 4pm: Set-up (must be complete by 4pm)
- 5:30pm - 7pm Welcome Reception - Exhibit Hall

Tuesday & Wednesday (March 27, 28)

- 8am - 9am Breakfast with Exhibitors
- 10:30am - 11am Break in Exhibit Hall
- 2:30pm - 3pm (3:30pm - 3:45pm on Thu) Break in Exhibit Hall

Thursday, March 29

- 8am - 9am Breakfast with Exhibitors
- 11:30am - 11:45am Break in Exhibit Hall
- 11:45am - Tear down

<http://www.alternativeprograms.org/2018/sponsorship>

Guest Room Group Rates

\$179 per night, single/double. All rooms are subject to state and local taxes, fees and assessments currently 14% plus \$2.00 occupancy tax and Statutory Tourism Assessment of 1.75% per room per night. Rooms will be available at the group rate until February 23, 2018 or when rooms sell out. Contact the hotel at 800-578-0500 and refer to the *National Organization of Alternative Programs Block for March 2018* to receive the discounted rate.

Ground Transportation

From New Orleans Lakefront Airport (airport code: MSY):

- Omni Royal Orleans Official Airport Shuttle <http://airportshuttleneworleans.hudsonltd.net>
- Airport Shuttle: \$24 one way per person; \$44 round-trip (advance purchase required)
- Taxi Service: \$33 one way (additional fees per person may apply); Uber: \$33 (all prices above are approximate/estimates)

Local Transportation:

- Trolley: Four blocks from the hotel, ranging from \$1.25 - \$1.50
- Riverfront Streetcar Lines - 2 blocks
- Amtrak Station - 1 mile
- New Orleans Airport (MSY) - 12 miles

Parking

- Overnight valet parking with unlimited in and out privileges is available for \$47.57 incl. tax, per day/per vehicle.
- Off-site parking is available within 10 blocks for trucks and buses.
- Please note that the hotel garage is not able to accommodate larger trucks and over-sized vehicles. The garage clearance is 6 feet, 6 inches. Off-site parking is available within 2 blocks for these larger vehicles.

Conference Agenda

Time	Monday, March 26	CE
12noon - 5pm	<i>Registration</i>	
1pm - 4pm	<i>Best Practices and Components of a Successful Monitoring Program - Organizational Sharing & Group Participation Workshop</i> <ul style="list-style-type: none"> • Jean Sullivan, RN, MA • Barbara Austin, MSN, RN 	3.00
5:30pm - 7pm	<i>Welcome Reception</i>	
7:15pm - 8:15pm	<i>Support Group Meeting - Open</i>	
Time	Tuesday, March 27	CE
7:30am - 8:30am	<i>Support Group Meeting</i>	
8am - 4:30pm	<i>Registration</i>	
8am - 9am	<i>Continental Breakfast with Exhibitors</i>	
9am - 9:15am	<i>Opening Remarks/Announcements</i> <ul style="list-style-type: none"> • Barbara McGill, MSN, RN; President, NOAP 	
9:15am - 10:30am	<i>National Practitioner Data Bank & Navigating NCSBN Resources</i> <ul style="list-style-type: none"> • Kathy Russell, JD, MN, RN; Associate, Nursing Regulation, NCSBN 	1.25
10:30am - 10:45am	<i>Break</i>	
10:45am - 12:15pm	<i>The Tennessee Experience: Mental Health & SUD On Line Support Groups</i> <ul style="list-style-type: none"> • Mike Harkreader, MS, RN, CARN • Elizabeth S. Temple, M.Ed. 	1.50
12:15pm - 1:15pm	<i>Membership Luncheon</i> <i>(open to all attendees and exhibitors)</i>	
1:15pm - 2:15pm	<i>Intraoperative and Post-operative Alternatives to narcotics when Surgery is Required</i> <ul style="list-style-type: none"> • Jack Hamill, MS, CRNA 	1.00
2:15pm - 2:45pm	<i>Break</i>	
2:45pm - 3:45pm	<i>Face to Face Mental Health Support Groups</i> <ul style="list-style-type: none"> • Phyllis Prekopa, PsyD, BSN, LCADC, CARN-AP, FIAAN 	1.00
3:45pm - 5pm	<i>Recovery Alliance</i> <ul style="list-style-type: none"> • Amy Boyd Austin, MSS • Terrence Walton • Barbara McGill, MSN, RN 	1.25
6:30pm - 9pm	<i>Group Outing - New Orleans Riverboat Cruise (separate registration fee required)</i> <i>Must be on board by 7pm, ticket does not include dinner</i> See www.alternativeprograms.org/2018/cruise	

Conference Agenda (continued)

Time	Wednesday, March 28	CE
8am - 4:45pm	<i>Registration</i>	
8am - 9am	<i>Full Breakfast with Exhibitors</i>	
9am - 10:15am	<i>The Pain Management HCP in a Monitoring Program</i> <ul style="list-style-type: none"> • John C. Tanner, DO, Dip, ABAM, FASAM, CCFC, MRO • Myrtle Greene, LMHC, CAP, ICADC 	1.25
10:15am - 10:45am	<i>Break</i>	
10:45am - 12noon	<i>ATD Types</i> <ul style="list-style-type: none"> • Moderator: Kathie Simpson, RN, BSN • Board in House -TBA • Contracted with Board - Mike Brown, RPH • Peer Assistance - Ellen Brickman, MPH, MS, RN, NPP 	1.25
12:15pm - 1:30pm	<i>Business Meeting Lunch</i> <i>(open to all attendees and exhibitors)</i>	
1:30pm - 2:30pm	<i>Best Practices in Managing and Monitoring the Health Care Professional with Mental Health and/or Dual Diagnoses</i> <ul style="list-style-type: none"> • Virginia (Ginny) Matthews, RN, BSN, MBA 	1.00
2:30pm - 3pm	<i>Break</i>	
3pm - 4:30pm	<i>MRO / Toxicology Panel Discussion</i> <ul style="list-style-type: none"> • Moderator: TBD • Tony Costantino, PhD, DrugScan • James Ferguson, DO, DFASAM, C-MRO; FirstSource Solutions • Joe Jones, MS; USDTL • Barry Lubin, MD, FASAM, MRO; Affinity • Donna Smith, EdD/PhD; Recovery Trek 	1.50
	<i>Dinner on your own</i>	
8pm - 9pm	<i>Support Group Meeting - Open</i>	
Time	Thursday, March 29	CE
7am - 8am	<i>Support Group Meeting - Closed</i>	
8am - 9am	<i>Continental Breakfast</i>	
9am - 10:15am	<i>CRNA RTW Guidelines/Opioid Therapy for Chronic Pain</i> <ul style="list-style-type: none"> • Ann Bostic, CRNA 	1.25
10:30am - 12noon	<i>Less Stress, More Power</i> <ul style="list-style-type: none"> • Aila Accad, RN, MSN 	1.50
	<i>Conference Closing</i>	

Sponsorship & Exhibits Signup

It is understood that this agreement, when received by NOAP, becomes a binding contract. The Exhibitor agreement along with full payment must be received by February 23, 2018 to secure your space.

#1: Select Sponsorship

<input type="radio"/> Platinum - \$7,500, Includes all Gold benefits and signage, plus: ~ Verbal recognition daily ~ Company logo on conference bag ~ Company marketing material in conference bags ~ Premier Choice of table location in exhibit hall ~ Additional Signage: ~ At entrance to the General Session Room	<input type="radio"/> Gold - \$5,000, Includes all Silver benefits and signage, plus: ~ Exhibit table w/2 total attendees ~ Company logo on pocket agenda ~ Prominent table location in exhibit hall ~ Additional Signage: ~ At the registration table
<input type="radio"/> Silver - \$3,000, Includes all Bronze benefits, plus: ~ Sponsor sign displayed prominently: ~ In the exhibit room ~ At your exhibit table	<input type="radio"/> Bronze - \$1,750, Includes: ~ Exhibit table w/1 attendee ~ Verbal recognition at beginning of conference

#2: Additional Attendees

Type	# of Attendee(s)	Rate	Total
Bronze & Silver include 1 attendee Please enter the number of additional attendees if more than 1		\$400	
Gold & Platinum include 2 attendees Please enter the number of additional attendees if more than 2		\$400	

#3: Optional Events

Type	# of Attendee(s)	Rate	Total
Organizational Sharing & Group Participative Workshop (Monday, Mar 26, 1pm - 4pm)		\$0	\$0
Steamboat Natchez Cruise (Tuesday, March 27)	_____	\$50	_____

#3. Total Amount Due:

Payment Instructions

Sign up online at <http://www.alternativeprograms.org/2018/registration>. Please make your payment to "NOAP" in US Dollars and send to: NOAP * 3416 Primm Lane * Birmingham, Alabama 35216, USA

Registration Notes <ul style="list-style-type: none"> The early registration deadline is February 23. Registrations after the early deadline carry a late fee. All fees are listed in US Dollars, and all payments must be made in US Dollars. Please contact the host hotel for room reservations. 	Cancellation Policy <ul style="list-style-type: none"> Cancellations received on or before Feb 23: 90% registration fees. Cancellations received after Feb 23: No refund for cancellation.
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Attendee(s) Contact Information

First Name: _____ Last Name: _____

Email Address: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Attendee(s) Contact Information

First Name: _____ Last Name: _____

Email Address: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Attendee(s) Contact Information

First Name: _____ Last Name: _____

Email Address: _____

Company/Institution: _____

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