



AUSTIN EUBANKS PRESENTS:

SPECIAL EVENT

“Spotlight on Opioid Addiction”

Sponsored & Hosted by: VSDS & the Vermont Dental Foundation

February 4, 2019

1:30pm– 4:00pm

Registration opens at

12:45pm-1:30pm

**DoubleTree by Hilton
(formerly the Sheraton)
870 Williston Road
So. Burlington, VT**

***Pre-Registration Required
by 1/23/19. No Refunds are
applicable for this special
event. Seating is limited.***



Speaker Biography

Austin Eubanks is an expert in the addiction treatment industry and a nationally recognized speaker on topics surrounding behavioral health and addiction recovery. He is the Chief Operations Officer for The Foundry Treatment Center, a member of the board of directors for Stout Street Foundation and 5280 High School, a featured member of Speakers for Change, and a regular media contributor on stories involving the addiction epidemic. He has spoken to thousands across the country regarding his personal journey as well as strategies for advancing addiction treatment and addressing the issues of substance abuse plaguing the nation.

Austin Eubanks has indicated that he a.) does not have a financial relationship with sponsors and b.) no conflicts of interest.

SPOTLIGHT on OPIOID ADDICTION

“The Worst Public Health Crisis Our Nation Has Ever Seen”

This 2-hour Controlled Substance Opioid Education presentation includes a dramatic story of trauma, addiction, and the road to recovery told by Austin Eubanks, an injured survivor of the Columbine High School shooting. He uses his own struggle with addiction and eventual pathway to recovery to highlight issues in our policies, practices, and culture. His personal, professional, and parental expertise offers a poignant perspective on how our culture has manufactured what is now the worst public health crisis we’ve ever known. In addition to Austin’s presentation, there will be state healthcare leaders providing essential educational material to increase your knowledge as a healthcare provider relating to the current opioid crisis and patient safety.

Learning Objectives:

- Create awareness of strategies to address substance abuse issues, including risk assessment, diversion, safe use, appropriate prescribing protocols, storage and disposal of controlled substances
- Reframe the way we look at addiction to better understand our culture's desire to medicate
- Present alternatives to opioids in managing pain
- Explore the impact of trauma on individuals, families, and communities
- To provide information on Vermont regulations and federal laws concerning the prescribing of opioid controlled substances
- Understand best practices of using the Vermont Prescription Monitoring System

This presentation meets the VT dental licensing requirement for opioid education (2CEUs).

Additional Sponsorship Support Provided By:

**UVM Medical Center
Northeast Delta Dental
Vermont Medical Society
UVM College of Medicine
Primmer Piper Eggleston & Cramer PC**

Event Partners:

**Vermont Prescription Monitoring System
Vermont Department of Health**

AUSTIN EUBANKS PRESENTS:

SPECIAL EVENT

“Spotlight on Opioid Addiction” February 4, 2019 — DoubleTree by Hilton

(formerly the Sheraton) 870 Williston Road, So. Burlington, VT 05403

Sponsored & Hosted by: VSDS & Vermont Dental Foundation

Dentist and Staff Rate \$60.00 per person. Registration fees provide 2 CEUs

Name _____	Dentist ____	Staff ____
Email _____		
Contact Phone _____		
Office Address _____		
City _____	State _____	Zip Code _____

Name _____	Dentist ____	Staff ____
Email _____		
Contact Phone _____		
Office Address _____		
City _____	State _____	Zip Code _____

Name _____	Dentist ____	Staff ____
Email _____		
Contact Phone _____		
Office Address _____		
City _____	State _____	Zip Code _____

Pre-Registration Required by 1/23/19. No Refunds apply. Seats are limited.

Note: Confirmations will be sent electronically to email provided. Offices using a single email are responsible for distributing to persons attending the program. Payment by check is preferred.

\$60.00 x # attending _____ = Total _____

Credit Card Payment: MC or VISA only

Name on Card: _____

Card Number: _____

Expiration Date: _____ **Security Code:** _____

Billing Zip Code for Card: _____

Payment by check is preferred; make payable to VSDS:

1 Kennedy Drive, Suite L3 South Burlington, VT 05403

Registration:

US Mail

Fax 802-864-0116

Email:

Joanne.conant@vsds.org.

For Questions call VSDS at

802-864-0115

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