



**Thursday October 25, 2018**  
**Salus University, Elkins Park Campus**

**Act 31 Mandated Child Abuse Recognition and Reporting**

5:00 p.m. — 7:00 p.m.

**Opioid Education for Optometrists**

7:00 p.m.— 9:00 p.m.

**Act 31 Mandated Child Abuse  
Recognition and Reporting**

presented by *Rachel Brackley, OD, FAAO*

*Dr. Rachel Brackley* graduated from the Pennsylvania College of Optometry (PCO) at Salus University in 2009. After graduating she completed a residency in Primary Care at The Eye Institute. In 2013, she joined the faculty at Salus University. Currently Dr. Brackley is an assistant professor at Salus PCO. Her role includes course instruction in Clinical Medicine and various laboratories as well as facilitating in the Clinical Problem Solving course. In the clinical program she continues to work as a preceptor at The Eye Institute.

*2 hours AAA, ASHA and COPE approved credits*

**Opioid Education for Optometrists**

presented by *Carlo Pelino, OD, FAAO*

*Dr. Carlo Pelino* serves as the Chief of The Eye Institute's Chestnut Hill satellite practice. He is a member of the clinical faculty at Salus University Pennsylvania College of Optometry for over 21 years. He earned his Doctor of Optometry in 1994 from the Pennsylvania College of Optometry, and completed his residency training with an emphasis on ocular disease at the John F. Kennedy Memorial Hospital in Philadelphia. He lectures extensively on external and internal ocular diseases.

*The program will provide the two hours of continuing education in pain management, the identification of addiction or the practices of prescribing or dispensing opioids required by the state of Pennsylvania.*

*2 hours COPE approved Pharmacology*

**REGISTRATION:** \$100/per course   ☐ Act 31   ☐ Opioid   ☐ \$150.00 Both

☐ Salus Faculty (no charge)   ☐ Salus alumni \$50/per course

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

Address: \_\_\_\_\_  
(billing address of the credit card)

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(required to receive confirmation)

OE Tracker number (*optometrists only*) \_\_\_\_\_

License Number: \_\_\_\_\_

Fax: 215.780.1325

\*Date of Birth: \_\_\_\_\_

\*Last 4-digits of SSN: \_\_\_\_\_

**Payment by:**

☐ Check (*payable to Salus University*) or  
Credit Card:

☐ Visa   ☐ MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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Janet Wilbur—jwilbur@salus.edu

*\*Please note that date of birth and SSN number are for the ACT 31 training only.  
This information is required by the state of Pennsylvania for credit submission.*