

NEW JERSEY PRIMARY CARE ASSOCIATION PRESENTS

TRAINING ON THE PREPARATION OF 2008 UNIFORM DATA SYSTEM (UDS) REPORT

Tuesday, December 2, 2008

The Conference Center

at

Robert Wood Johnson Center for Health & Wellness

3100 Quakerbridge Road, Mercerville, NJ 08619

Directions: www.rwjhamilton.org/directions/wcenter.asp

Registration 8:15 am – 8:45 am

Training 9:00 am – 5:00 pm

Lunch will be Noon – 1 pm

This is a one-day UDS training that allows health centers to familiarize staff with Federal submission requirements and procedures. The training will address each of the UDS tables with an emphasis on the changes that have been made to many of the tables. This will include a review of the new clinical measures tables (Tables 6B and 7) but in less depth than was provided in the May 30th Clinical Measures UDS Training. The Upcoming training will focus on definitions of data elements, locating and reporting these elements, and common errors and problems to be avoided. This training is useful for those who are responsible for gathering and reporting the data elements included in the UDS report, as well as management staff who need to understand the definitions and concepts used; and CEOs/Executive Directors who want to understand the process.

About the UDS: The UDS is a reporting requirement for grantees of the following primary care programs administered by the BPHC, HRSA: Community Health Center, Migrant Health Center, Health Care for the Homeless, Public Housing Primary Care, and any Section 330 funded Health Center. The UDS collects basic demographic information on patients you serve (e.g. race/ethnicity and insurance status of patients, etc.). UDS data are analyzed by HRSA to ensure compliance with legislative mandates, report program accomplishments, and justify budget requests to the U.S. Congress. The UDS also helps to identify trends over time to enable HRSA to establish or expand targeted programs, identify effective services and interventions to improve access to primary health care for vulnerable populations.

	FEES (include lunch & handout materials)
NJPCA Member (or other PCA member)	\$100
Additional Member(s)	\$ 75
Non-Member	\$150
Additional Non-Member(s)	\$125

This is an all weather event. Fees are non-refundable.

REGISTRATION FORM

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**REGISTRATION DEADLINE – 11/25/08
FOR REGISTRATION AFTER 11/25 – ADD \$20 PER PERSON**

PLEASE PRINT CLEARLY

Center: _____

Address: _____

Contact: _____ Contact e-mail _____

Phone: _____

NJPCA Member (or other PCA member)	\$100
Additional Member(s)	\$ 75
Non-Members	\$150
Additional Non-Members	\$125

PLEASE TYPE/PRINT CLEARLY

*Registrant Name & Title	e-mail (please print clearly)	Member/ Non-Member	Amount

*more than 5 attendees, make duplicate page

**REGISTRATION FEE MUST BE PAID IN FULL PRIOR TO EVENT.
THIS IS AN ALL WEATHER EVENT. FEES ARE NON-REFUNDABLE.
SUBSTITUTE ATTENDEE ACCEPTED-WE CANNOT GUARANTEE PRINTED NAME TAG**

Total Amount Enclosed: _____

Special dietary requests: K kosher ____ Vegetarian ____ Other (please explain) _____

**FAX FORM TO: (609) 689-9941
MAIL CHECK PAYABLE TO NJPCA
NJPCA, 3836 Quakerbridge Road, Suite 201, Hamilton, NJ 08619**

If you have any questions, contact Suzanne Geiger at 609-689-9930 ext. 15