

## FSMB Educational Program Series – CD ROM Order Form

Quantity	Quantity																																									
<p><u>2006 Web Series</u> <i>Sexual Boundary Violations</i></p> <p>_____ <b>January 5, 2006</b> <i>Boundary Violations: Why Don't They Go Away?</i> Peter Graham, Ph.D. Scott C. Stacy, Psy.D.</p> <p>_____ <b>January 12, 2006</b> <i>FSMB Policy Statement re: Sexual Boundary Violations</i> Steven I. Altchuler, M.D.</p> <p>_____ <i>Professional Sexual Misconduct: Where We Have Been, Where We Are &amp; Where We Are Going</i> Scott C. Stacy, Psy.D.</p> <p>_____ <b>January 19, 2006</b> <i>The Boundary Formula©: A New Paradigm for Understanding Boundary Violations &amp; Their Prevention</i> Scott C. Stacy, Psy.D. Peter Graham, Ph.D.</p> <p>_____ <b>January 26, 2006</b> <i>Treatment &amp; Rehabilitation</i> Gene G. Abel, M.D.</p> <p>_____ <b>February 2, 2006</b> <i>Risk &amp; Benefits of Utilizing PHPs in Boundary Cases</i> Gregory E. Skipper, M.D.</p> <p>_____ <i>Physician Health Programs: Appropriate &amp; Effective Monitoring</i> Gary D. Carr, M.D.</p> <p>_____ <b>February 9, 2006</b> <i>Faculty Panel Discussion</i> Gregory E. Skipper, M.D.    Peter Graham, Ph.D. Scott C. Stacy, Psy.D.    Steven I. Altchuler, M.D. Gene G. Abel, M.D.    Gary D. Carr, M.D. Tracy I. Marks, M.D.</p>	<p><u>2007 Web Series</u> <i>Disruptive Behavior Among Physicians</i></p> <p>_____ <b>January 11, 2007</b> <i>An Epidemic of Disruptive Behavior Among Physicians</i> Gregory E. Skipper, M.D.</p> <p>_____ <i>Legal &amp; Administrative Issues Regarding Disruptive Behavior</i> Jon E. Porter, J.D.</p> <p>_____ <b>January 18, 2007</b> <i>What Are We Dealing With? Evaluation &amp; Diagnosis of Disruptive Behavior Determines Treatment &amp; Monitoring Approach</i> Scott C. Stacy, Psy.D. Peter Graham, Ph.D.</p> <p>_____ <b>January 25, 2007</b> <i>Behavioral Monitoring: A Workplace Behavioral Approach to Dealing with Disruptive Behavior</i> Larry Harmon, Ph.D.</p> <p>_____ <b>February 1, 2007</b> <i>Treating Physicians with Disruptive Behavior</i> Alexandria Polles, M.D. Philip C. Hemphill, LCSW</p> <p>_____ <b>February 8, 2007</b> <i>Burnout and Its Toll on Physicians</i> Kernan T. Manion, M.D.</p> <p>_____ <b>February 15, 2007</b> <i>A Systems Approach to Dealing with Disruptive Behavior</i> William A. Norcross, M.D. John A. Fromson, M.D.</p>																																									
<u>Order Summary</u>	<u>Payment Information</u>																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Six disc CD ROM set (Member)</td> <td style="text-align: right;">\$175</td> </tr> <tr> <td>Six disc CD ROM set (Non-member)</td> <td style="text-align: right;">\$300</td> </tr> <tr> <td>Individual session CD ROM disc</td> <td style="text-align: right;">\$ 55</td> </tr> <tr> <td style="text-align: right;">Subtotal:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Texas Residents add 8.25 % Sales Tax:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Shipping and Handling:</td> <td style="text-align: right;">\$ <u>6.00</u></td> </tr> <tr> <td style="text-align: right;">Order Total:</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Six disc CD ROM set (Member)	\$175	Six disc CD ROM set (Non-member)	\$300	Individual session CD ROM disc	\$ 55	Subtotal:	\$ _____	Texas Residents add 8.25 % Sales Tax:	\$ _____	Shipping and Handling:	\$ <u>6.00</u>	Order Total:	\$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">___ Check</td> <td style="width: 33%;">___ MasterCard</td> <td style="width: 33%;">___ Visa</td> </tr> <tr> <td colspan="3">Credit Card No. _____</td> </tr> <tr> <td colspan="3">Expiration Date: _____</td> </tr> <tr> <td colspan="3">Card Holder Name: _____</td> </tr> <tr> <td colspan="3">Signature: _____</td> </tr> <tr> <td colspan="3">Organization: _____</td> </tr> <tr> <td colspan="3">Mailing Address: _____</td> </tr> <tr> <td colspan="3">City, State, Zip: _____</td> </tr> <tr> <td colspan="3">Telephone: _____</td> </tr> </table>	___ Check	___ MasterCard	___ Visa	Credit Card No. _____			Expiration Date: _____			Card Holder Name: _____			Signature: _____			Organization: _____			Mailing Address: _____			City, State, Zip: _____			Telephone: _____		
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