



A Public Entity

Inland Empire Health Plan



To: PCPs, OB/GYNs, and BH Providers
From: IEHP – Provider Relations
Date: October 13, 2016
Subject: **The 7th Annual Maternal Health Conference**

**Inland Empire Perinatal Mental Health Collaborative presents:
Impact of Culture and Faith on Parental Mental Health**

October 27, 2016

8:00 a.m. – 5:00 p.m.

(Registration begins ½ hour prior to start and doors close promptly at the start of training)

Loma Linda University
Centennial Complex
24760 Stewart Street 4th Floor
Loma Linda, CA 92354

Registration cost is \$40.00

(See attached registration form.)

Breakfast and lunch will be provided.

Featured speakers at this year's conference are:

- **Dr. Sandra Luz Lara-Cinisomo, Ph.D** from the University of Illinois regarding her clinical work and research on best practices with Latino families.
- **Dr. Victoria Hendricks, M.D.** from UCLA presenting on reproductive psychiatry.
- **Kendra Flores-Carter, MSW** from Arrowhead Regional Medical Center (ARMC) will be discussing best practices with African-American families.

The Conference offers 6 CEs that will be provided by Riverside University Health System – Behavioral Health for the following: APA, BBS, BRN, CAADAC and CAADE.

For more information, please visit IEPMHC's website at: <http://www.iepmhc.org/conferences-events>

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: The 7th Annual Maternal Health Conference Registration Form



7th Annual Inland Empire Perinatal Mental Health Conference
Thursday, October 27, 2016 from 8:00 am to 5:00 pm

PLEASE PRINT CLEARLY

Name _____

Agency Name: _____

Email (for confirmation of receipt, print clearly) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Pay by Credit Card: ___ Visa ___ MasterCard ___ American Express ___

Card number _____ Exp Date _____

For your security, please include the last 3 digits of the number on the back of your card: _____

Signature _____

Type: _____ State: _____ License #: _____

Please make checks payable to: Wylie Center

>All registration forms **must be accompanied w/payment**. Please retain a copy of your registration form.

>There are no registration refunds issued for cancellation, but you may send a substitute to this training.

>To order & receive CE's, please indicate type of license (e.g. LMFT, LCSW, PhD, and Lactation), state of issuance & License number. CEs are available for LCSWs, LMFTs, LPCCs, and Psychologists. Lactation CEs are being sponsored by IEBFC.

Continuing education credit is being provided through Riverside University Health System – Behavioral Health, Workforce Education and Training (WET), P.O. Box 7549, Riverside, CA 92513.

**CE Terms & Conditions, Presenter Bios, and more information can be found at the IEPMHC website (www.iepmhc.org).*

***Lunch is included**

Open to the first 280 registrants only. Payment required w/registration.

***Registration.....\$40.00; CE's (included)**

Please fax or mail completed registration form to:

The Wylie Center
 4164 Brockton Avenue
 Riverside, California 92501

Contact: Front desk: 951-683-5193 / Fax: 951-683-6019

NO GROUP REGISTRATION. Each individual must register separately.

IEPMHC aims to keep our costs low and serve our most needy families. Please do your part and bring a donation of diapers or wipes to this conference.