

8TH ANNUAL

LGBTQ

HEALTH & WELLNESS CONFERENCE

FEBRUARY 22 • 9 AM - 4 PM • DES MOINES UNIVERSITY

ATTENDANCE ATTESTATION

*Please complete and return to the registration desk.
Instructions on how to access your certificate will be emailed within two (2) weeks of the activity.*

Name: Julie Leopold Credentials: RN, B.S.W.

Email Address (Required): Julie.leopold@unitypoint.org

Profession: MD DO Student Physician Assistant Nurse Practitioner
 Nurse Social Worker Other Health Professional Community Member

License Number or AOA Number (If Known): _____

MARK THE SESSION(S) YOU ATTENDED

9:30 am Opening Keynote Address: LGBTQ Wellness Needs Across the State

10:45 am Breakout Session #1 (Select One)

Queer Health Advocates Program

Legal Process 101

Affirming Providers in Helping Fields

12:30 pm Breakout Session #2 (Select One)

Reproductive Justice and the Trans Community

LGBTQ Policy Landscape

Trans OB-GYN Best Practices

1:45 pm Breakout Session #3 (Select One)

Spirituality, Community, and Wellness for LGBTQ People (Non-CME)

~~Harm Reduction, Chemsex, and the LGBTQ Community~~

LGBTQ-Specific Mental Health Care Best Practices

3 pm Closing Panel Discussion: LGBTQ Health Care Needs

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Name: Susan Helkenn Credentials: LSW

Email Address (Required): susanclse@hotmail.com

Profession: MD DO Student Physician Assistant Nurse Practitioner
 Nurse Social Worker Other Health Professional Community Member
therapist

License Number or AOA Number (If Known): 06736

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Name: Angie Dubbs Credentials: BSN, RN

Email Address (Required): angie.dubbs@uesdsm.org

Profession: MD DO Student Physician Assistant Nurse Practitioner
 Nurse Social Worker Other Health Professional Community Member

License Number or AOA Number (If Known): _____

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Name: Lisa Barnes Credentials: LISW, LCSW

Email Address (Required): lisabarneslcsw@gmail.com

Profession: MD DO Student Physician Assistant Nurse Practitioner
 Nurse Social Worker Other Health Professional Community Member

License Number or AOA Number (If Known): IA LISW 06808 ¹⁶⁷⁵⁶ AZ LCSW

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Name: Jill Myers Gradelmann Credentials: RN

Email Address (Required): sisdo@aol.com

Profession: MD DO Student Physician Assistant Nurse Practitioner
 Nurse Social Worker Other Health Professional Community Member

License Number or AOA Number (If Known): IA-090522

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