

NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

Please return to the registration desk.
Instructions on how to access your certificate will be emailed within six (6) weeks of the activity.

ATTENDEE INFORMATION

Name: Shawna Christie Credentials: BA

Email Address (Required): @shawna.Christie@candleioowa.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional Direct Care Manager (SCL)

AOA or License #: _____ Specialty: _____

Address: 4208 82nd St.

City: Vandalia State: Iowa Zip Code: 50322

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
- ☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
 - ☒ Strategic Communication: Telling Your Story with Impact - Part 1
 - ☐ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
 - ☐ Ending the Silence: A Mental Health Awareness Program for Youth
- ☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
 - ☐ Strategic Communication: Telling Your Story with Impact - Part 2
 - ☒ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
 - ☐ Intersectionality and Identity in Mental Health Treatment
- ☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
 - ☐ Nonprofit Board Building and Transformational Governance
 - ☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
 - ☒ Serving Survivors of Sexual Violence with Mental Illness
- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

<< Turn over to read the continuing education information. >>

CONTINUING EDUCATION INFORMATION

DISCLOSURES: Relevant to the content of this educational activity, the following individual(s) have no conflict(s) with commercial interest companies to disclose.

- Eric Barlow, MD, Speaker
- Zach Blevins, Activity Coordinator and Planning Committee Member
- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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ATTENDEE INFORMATION

Name: Angela Tharp Credentials: _____

Email Address (Required): namiofci@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 307 Crystal St

City: Ames State: IA Zip Code: 50010

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Kristen Erickson Credentials: _____

Email Address (Required): erickr03@luther.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ (Social Worker)
☐ Other Healthcare Professional student

AOA or License #: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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ATTENDEE INFORMATION

Name: Norman Friedrich Credentials: _____

Email Address (Required): njfriedrich@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 8224 200th St

City: West Union State: IA Zip Code: 52175

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ATTENDEE INFORMATION

Name: Susan Friedrich Credentials: _____

Email Address (Required): friedrichsusan@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 8224 200th St

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ATTENDEE INFORMATION

Name: Kathleen Geiger Credentials: BS Psychology

Email Address (Required): kathleen.geiger@candeoiaowa.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 9550 White Oak Ln Suite 200

City: Johnston State: IA Zip Code: 50131

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ATTENDEE INFORMATION

Name: Christine Moon Credentials: _____

Email Address (Required): cmoon@broadlawms.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 2300 Euclid Ave.

City: Des Moines State: IA Zip Code: 50310

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 - ☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
 - ☐ Ending the Silence: A Mental Health Awareness Program for Youth
- ☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
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 - ☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
 - ☒ Intersectionality and Identity in Mental Health Treatment
- ☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
 - ☐ Nonprofit Board Building and Transformational Governance
 - ☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
 - ☒ Serving Survivors of Sexual Violence with Mental Illness
- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

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CONTINUING EDUCATION INFORMATION

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- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
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- Gina Skinner-Thebo, Speaker
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- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
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ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: Chris Bode Credentials: Student

Email Address (Required): bodecho1@iutrr.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional ☒ Student

AOA or License #: N/A Specialty: _____

Address: ~~3046 Elkhart Ct. N~~ 700 College Dr P.O. 174

City: ~~Des Moines~~ Des Moines State: IA Zip Code: 52101

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: ANDY EASTWOOD Credentials: LISCW

Email Address (Required): eastwood57@msn.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: 01770 Specialty: BEH HEALTH

Address: 1206 MICHAEL DR

City: DECORAH State: IA Zip Code: 52101

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Eleanor Loy

Credentials: Peer Support
Specialist

Email Address (Required): elleloy037

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____

Specialty: Peer Support

Address: 4018 Pheasant Dr.

City: Cedar Falls

State: IA

Zip Code: 50613

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Natalee Hart Credentials: _____

Email Address (Required): hartnaa@uni.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Student

Address: 2124 W. 27th St. Apt #312

City: Cedar Falls State: IA Zip Code: 50613

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDEE INFORMATION

Name: Breanna Degelan Credentials: BA

Email Address (Required): officeassistant.namici@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 414 SE 2nd St

City: Ogden State: IA Zip Code: 50212

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ATTENDEE INFORMATION

Name: Brianna Swann Credentials: _____

Email Address (Required): swannb@uni.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Student

Address: 2124 W 27th Street Apt. 721

City: Cedar Falls State: Ia Zip Code: 50613

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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

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CONTINUING EDUCATION INFORMATION

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- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: Lisa Leimer Credentials: RN

Email Address (Required): lleimer@phoenix.net

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 086812 Specialty: HIV nurse care manager

Address: 4715 80th Pl

City: Urbandale State: IA Zip Code: 50322

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
☒ 12:15 pm ACEs (0.75)
☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 1
☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
☐ Ending the Silence: A Mental Health Awareness Program for Youth
☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
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☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
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☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Eric N. Kool Credentials: _____

Email Address (Required): eric.kool@polkcountyia.gov

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: General Community Worker

Address: 2309 Euclid - Family Enrichment

City: Des Moines State: IA Zip Code: 50310

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Karen Whiteing Credentials: PSS

Email Address (Required): k.whiteing@hotmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Peer Support Specialist

Address: 461 1st Street

City: Arion State: IA Zip Code: 51520

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Sheila Hennrichsen Credentials: OTR/L

Email Address (Required): Sheila.hennrichsen@agingresources.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

OTR/L (Occupational Therapist)

AOA or License #: 00725 Specialty: Family Caregiver Specialist

Address: 4429 Palm Ave

City: Des Moines State: IA Zip Code: 50310

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDEE INFORMATION

Name: Becky Futchall Credentials: RN

Email Address (Required): bf1etchall@rcph.net

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 087158 Specialty: _____

Address: 109 west madison

City: Mount Airy State: IA Zip Code: 50854

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ATTENDEE INFORMATION

Name: Cheryl L Chopard Credentials: LMHC

Email Address (Required): clchopard@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: 0697 Specialty: Licensed Mental Health Counselor

Address: 1705 13th St.

City: Boone State: IA Zip Code: 50036

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- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

CONTINUING EDUCATION CREDIT

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: ALEJANDRA PLACIDO Credentials: Advocate

Email Address (Required): aleplacido17@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: Domestic Abuse

Address: 1525 Airport Rd suite 101

City: Ames State: Iowa Zip Code: 50010

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
☒ 12:15 pm ACEs (0.75)
☐ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 1
☐ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
☒ Ending the Silence: A Mental Health Awareness Program for Youth
☐ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 2
☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
☒ Intersectionality and Identity in Mental Health Treatment
☐ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
☐ Nonprofit Board Building and Transformational Governance
☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
☒ Serving Survivors of Sexual Violence with Mental Illness
☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
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- Amy Shriver, MD, FAAP, Speaker
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- Lisa Streiffeler, PhD, Speaker
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Brittany Lenaghan Credentials: Advocate

Email Address (Required): brittany@assaultcarecenter.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: Sexual Abuse

Address: 1525 Airport Road Suite 101

City: Ames State: IA Zip Code: 50010

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDEE INFORMATION

Name: BRANDY CLOGG Credentials: RN

Email Address (Required): brandyclogge@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 124649 Specialty: ICU

Address: 1520 CENTER ST

City: DES MOINES State: IA Zip Code: 50314

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
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ATTENDEE INFORMATION

Name: Seth Franke Credentials: LMHC

Email Address (Required): Seth.Franke@iowa.gov

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: 001499 Specialty: Counseling

Address: 3900 N 4th Ave E

City: Newton State: IA Zip Code: 50208

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDEE INFORMATION

Name: Crystal Doig Credentials: _____

Email Address (Required): Crystal.doig@agingresources.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____

Specialty: Elder Rights Specialist Advocate

Address: 5835 Grand Ave Suite 106

City: Des Moines State: IA Zip Code: 50312

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Heather Thompson Credentials: PSS

Email Address (Required): Thompsonh@verafrunchmbc.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 18495 Vans Rd Fulton IA 52525

City: Fulton State: IL Zip Code: 61525

PLEASE MARK THE SESSION(S) YOU ATTENDED

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: Janet Rieckhoff Credentials: MHC

Email Address (Required): Janet1rf@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Mental Health Therapist

Address: 4726 EP True Parkway

City: WDM State: IA Zip Code: 50265

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
- ☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
 - ☐ Strategic Communication: Telling Your Story with Impact - Part 1
 - ☐ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
 - ☒ Ending the Silence: A Mental Health Awareness Program for Youth
- ☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
 - ☐ Strategic Communication: Telling Your Story with Impact - Part 2
 - ☒ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
 - ☐ Intersectionality and Identity in Mental Health Treatment
- ☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
 - ☐ Nonprofit Board Building and Transformational Governance
 - ☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
 - ☒ Serving Survivors of Sexual Violence with Mental Illness
- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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CONTINUING EDUCATION INFORMATION

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- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
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- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Rebecca McDowell Credentials: _____

Email Address (Required): mcdowellr@uni.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional student

AOA or License #: _____ Specialty: _____

Address: 4817 Crestmoor Dr.

City: Des Moines State: IA Zip Code: 50310

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
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- Nadia La Fontant, Speaker
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Shalise Williams Credentials: _____

Email Address (Required): Shalise@amani-cs.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional Advocate

AOA or License #: _____ Specialty: _____

Address: 2315 Falls Ave Suite 3

City: Waterloo State: Iowa Zip Code: 50703

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
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ATTENDEE INFORMATION

Name: JILL K. HARTUNG Credentials: NSE
NBCC

Email Address (Required): ~~jill.hartung@dmhschools.org~~ jill.hartung@dmhschools.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: 251492 Specialty: School counselor

Address: 3909 AMICK AVE

City: DES MOINES State: IA Zip Code: 50310

PLEASE MARK THE SESSION(S) YOU ATTENDED

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ATTENDEE INFORMATION

Name: David Ziesmer Credentials: _____

Email Address (Required): ddziesmer@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 2285 260th St.

City: Garnett State: IA Zip Code: 50438

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDEE INFORMATION

Name: Betty Ziesmer Credentials: _____

Email Address (Required): bdziesmer@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 2285 26th St.

City: Garner State: IA Zip Code: 50438

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: Mary Pulscher Credentials: LMHC

Email Address (Required): mpulscher at msn-com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Mental Health Counselor

Address: 2815 Guthrie Ave.

City: Des Moines, State: Iowa Zip Code: 50317

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
☒ 12:15 pm ACEs (0.75)
☐ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 1
☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
☐ Ending the Silence: A Mental Health Awareness Program for Youth
☐ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 2
☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
☒ Intersectionality and Identity in Mental Health Treatment
☐ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
☐ Nonprofit Board Building and Transformational Governance
☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
☒ Serving Survivors of Sexual Violence with Mental Illness
☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streiffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Judith E. Davis Credentials: BSN, RN

Email Address (Required): nursejudydavis@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: Iowa 114160 Specialty: Community Mental Health

Address: 1537 44th Street

City: Des Moines State: IA Zip Code: 50311

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Taylor Murrell Credentials: _____

Email Address (Required): murrell + @ uni.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: UNI Student

Address: 9614 University Ave APT 201G

City: Cedar Falls State: IA Zip Code: 50613

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☐ 12:15 pm ACEs (0.75)
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ATTENDEE INFORMATION

Name: Shannon Costanzo Credentials: BSW CADC

Email Address (Required): Shannon.Costanzo@unitypoint.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☒ Other Healthcare Professional

AOA or License #: CADC 004051 Specialty: Substance Use Counselor

Address: 810 1st Ave N.E

City: Cedar Rapids State: Iowa Zip Code: 52404

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: MICHELLE STOCKWELL Credentials: CADC

Email Address (Required): MStockwell@simhcottumwa.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Substance Abuse

Address: 1527 ALBIA ROAD

City: OTTUMWA State: IOWA Zip Code: 52501

PLEASE MARK THE SESSION(S) YOU ATTENDED

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ATTENDEE INFORMATION

Name: CONNIE M CAMPBELL Credentials: _____

Email Address (Required): donlc@iowa telecom.NET

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 040884 Specialty: GERON/PSYC

Address: 203 S Division St

City: MONTGOMERY State: IOWA Zip Code: 50173

PLEASE MARK THE SESSION(S) YOU ATTENDED

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*Don't need
CU's
Retired
Nurse
gave up nurse
license*

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: Danielle Golden Credentials: _____

Email Address (Required): goldengirlisu515@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 406 Filmore Ave SE

City: Bondurant State: IA Zip Code: 50035

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
☐ 12:15 pm ACEs (0.75)
☐ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 1
☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
☐ Ending the Silence: A Mental Health Awareness Program for Youth
☐ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
☒ Strategic Communication: Telling Your Story with Impact - Part 2
☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
☐ Intersectionality and Identity in Mental Health Treatment
☐ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
☐ Nonprofit Board Building and Transformational Governance
☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
☒ Serving Survivors of Sexual Violence with Mental Illness
☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

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CONTINUING EDUCATION INFORMATION

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- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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ATTENDEE INFORMATION

Name: Shelly Kramer Credentials: BSN RN-BC

Email Address (Required): Shelly.Kramer@unitypoint.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 009502 Specialty: psych / mental health

Address: 810 1st Ave NE

City: Cedar Rapids State: IA Zip Code: 52602

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
- ☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Merit Olsen Credentials: MBA

Email Address (Required): neurosciencegal7@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: Education

Address: 899 E 12th St Apt 9258

City: Des Moines State: IA Zip Code: 50304-0959

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
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ATTENDEE INFORMATION

Name: Kenneth D. Cameron

Credentials: BS, MA, LMHC, NCC

Email Address (Required): Kennethcameron@aspirecounselingcenter.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: 001356

Specialty: Licensed Mental Health Counselor
(LMHC)

Address: 3520 Beaver Ave. Lste. D

City: Des Moines State: Iowa Zip Code: 50310

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDEE INFORMATION

Name: Tamee DeCourtsey Credentials: _____
Email Address (Required): tamee.decourtsey@caofseia.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ ~~Other Healthcare Professional~~

AOA or License #: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 - ☐ Serving Survivors of Sexual Violence with Mental Illness
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ATTENDEE INFORMATION

Name: Mackenzie Staherty Credentials: _____

Email Address (Required): plahma2@iwher.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional Student

AOA or License #: _____ Specialty: _____

Address: 20164 West Ridge Ave

City: Galesville State: WI Zip Code: 54630

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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MEDICAL
SOCIETY**

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: GARY VAN WERT Credentials: RN

Email Address (Required): garyvw@hotmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 056792 Specialty: RN

Address: 100 Hillside Drive W

City: Delwan State: Ia Zip Code: 50662

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
☒ 12:15 pm ACEs (0.75)
☐ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 1
☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
☐ Ending the Silence: A Mental Health Awareness Program for Youth
☐ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 2
☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
☒ Intersectionality and Identity in Mental Health Treatment
☐ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
☐ Nonprofit Board Building and Transformational Governance
☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
☒ Serving Survivors of Sexual Violence with Mental Illness
☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

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CONTINUING EDUCATION INFORMATION

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- Zach Blevins, Activity Coordinator and Planning Committee Member
- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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ATTENDEE INFORMATION

Name: Caroline Kinney-Mahaffey Credentials: PSS.

Email Address (Required): Blacklabashley@hotmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional

AOA or License #: _____ Specialty: Peer Support specialty

Address: 517 ash street

City: Des Moines State: IA Zip Code: 50319

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Heather King Credentials: BA, SWII

Email Address (Required): hking@dhs.state.ia.us

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: Targeted Case Management

Address: 400 SW 8th St. Ste 6

City: Des Moines State: IA Zip Code: 50309

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Lisa Berry Dirks Credentials: RN

Email Address (Required): lisalynnberry@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 1041169 Specialty: Psychiatry

Address: 5215 Boulder Dr

City: Pleasant Hill State: IA Zip Code: 50327

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Dana Conklin Credentials: MSW

Email Address (Required): dana.conklin@va.gov

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: 006907 Specialty: Primary Care Social Work

Address: 609 East Tyler St.

City: Washington State: IA Zip Code: 52353

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDEE INFORMATION

Name: Karen Tibben Credentials: _____

Email Address (Required): kibben@ihs.state.ia.us

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: Case Management

Address: 1201 West Cedar Loop Suite 1

City: Cherokee State: IA Zip Code: 51012

PLEASE MARK THE SESSION(S) YOU ATTENDED

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- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Jamie Lanus Credentials: USO

Email Address (Required): jamieberte@hotmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: 06155 Specialty: _____

Address: PO Box 651

City: Denver State: IA Zip Code: 50622

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
☒ 12:15 pm ACEs (0.75)
☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 1
☐ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
☒ Ending the Silence: A Mental Health Awareness Program for Youth
☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
☐ Strategic Communication: Telling Your Story with Impact - Part 2
☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
☒ Intersectionality and Identity in Mental Health Treatment
☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
☐ Nonprofit Board Building and Transformational Governance
☒ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
☐ Serving Survivors of Sexual Violence with Mental Illness
☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

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CONTINUING EDUCATION INFORMATION

DISCLOSURES: Relevant to the content of this educational activity, the following individual(s) have no conflict(s) with commercial interest companies to disclose.

- Eric Barlow, MD, Speaker
- Zach Blevins, Activity Coordinator and Planning Committee Member
- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

CONTINUING EDUCATION CREDIT

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EDUCATIONAL GRANTS: No commercial interest company provided financial support for this continuing education activity.

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: William Bird Credentials: _____

Email Address (Required): William@nafia.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: 1000 Transitions Specialist

Address: PO Box 784

City: Waverly State: IA Zip Code: 50677

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
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ATTENDEE INFORMATION

Name: Leslie Carpenter Credentials: PT

Email Address (Required): lcarpenter@iamentalhealth.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional PT

AOA or License #: _____ Specialty: Physical Therapist

Address: 60 Spring Valley Dr., NE

City: Jama City State: IA Zip Code: 52240

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: David J Malatke Credentials: B.A.

Email Address (Required): dmalatke@broodlawns.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: 04076 Specialty: Social Workers Bachelors Level

Address: 2300 Euclid Ave Suite B

City: Des Moines State: Iowa Zip Code: 50311

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Patti Lenz Credentials: RN

Email Address (Required): lenz.patti

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 098413 Specialty: RN

Address: 532 32nd Street

City: West Des Moines State: Iowa Zip Code: 52265

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: M. Theresa Kresse Credentials: LBSW

Email Address (Required): theresak@teamcsa.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: 05312 Specialty: Social Work

Address: 3660 GRAND AVE. Unit 440

City: DES MOINES State: IA Zip Code: 50312

PLEASE MARK THE SESSION(S) YOU ATTENDED

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ATTENDEE INFORMATION

Name: Dawn Grithmann Credentials: PharmD

Email Address (Required): dawn.grithmann@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☒ Other Healthcare Professional Pharmacist

AOA or License #: N/A Specialty: N/A

Address: 9849 Clark St

City: Clive State: IA Zip Code: 50325

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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 - ☒ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
 - ☐ Serving Survivors of Sexual Violence with Mental Illness
- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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CONTINUING EDUCATION INFORMATION

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- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
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- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
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- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
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ATTENDEE INFORMATION

Name: Kaitley Peterson Credentials: _____

Email Address (Required): peteka15@luther.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional ☒ student

AOA or License #: _____ Specialty: _____

Address: 700 College Dr. SPO #1837

City: ~~Decorah~~ Decorah State: ~~IA~~ IA Zip Code: 52101

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
- ☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
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ATTENDEE INFORMATION

Name: Loretta J. Sieman Credentials: _____

Email Address (Required): lorettasieman@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional (Professional fundraiser - volunteer)

AOA or License #: _____ Specialty: _____

Address: 2414 NW 160th Ct

City: Urbandale State: Iowa Zip Code: 50325

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Mary Davis Credentials: _____

Email Address (Required): davis13@iastate.edu

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 62 Brook Circle

City: Pella State: IA Zip Code: 50219

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Tiffany Mann Credentials: RN

Email Address (Required): tmann@broadlawns.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 137503 Specialty: Mental Health

Address: 4204 SW 5th St.

City: Des Moines State: IA Zip Code: 50315

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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ATTENDEE INFORMATION

Name: Stephanie Jones Credentials: CMAA

Email Address (Required): Sjones@broadlawns.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 2423018 Specialty: Pain, Medical

Address: 205 SE 28th St

City: Des Moines State: IA Zip Code: 50317

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ATTENDEE INFORMATION

Name: Deborah Burnett Credentials: BSW, RN

Email Address (Required): dburnett@stanthonyhospital.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 129384 Specialty: Behavioral Health

Address: 703 Capistrano Ave. #2

City: Carroll State: Ia Zip Code: 51401

PLEASE MARK THE SESSION(S) YOU ATTENDED

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- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

CONTINUING EDUCATION CREDIT

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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: John Clark Credentials: Ed.S.

Email Address (Required): jclark@tdm.gov.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 2309 Euclid

City: Des Moines State: IA Zip Code: 50310

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
- ☐ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
 - ☐ Strategic Communication: Telling Your Story with Impact - Part 1
 - ☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
 - ☐ Ending the Silence: A Mental Health Awareness Program for Youth
- ☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
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 - ☐ Intersectionality and Identity in Mental Health Treatment
- ☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
 - ☐ Nonprofit Board Building and Transformational Governance
 - ☒ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
 - ☐ Serving Survivors of Sexual Violence with Mental Illness
- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Heidi Garton Credentials: RN-BC, MSN

Email Address (Required): hgarton@broadlawns.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 098122 Specialty: RN

Address: 6226 Harwood Dr

City: Des Moines State: IA Zip Code: 50312

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDEE INFORMATION

Name: Jamie Crum Credentials: RN, MSN

Email Address (Required): jcrum@cherokee-rmc.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 122779 Specialty: Education / SANE

Address: 203 N 11th St

City: Cherokee State: Iowa Zip Code: 51012

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Roxanne Pals

Credentials: RN MA

Email Address (Required): rox@rp3consulting.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☒ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: 076686 Specialty: Human Centered Change

Address: 122 East Center Street

City: Des Moines State: IA Zip Code: 50309

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
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- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

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ATTENDANCE ATTESTATION

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ATTENDEE INFORMATION

Name: Ryan J Plagman Credentials: PRS

Email Address (Required): sandpiper-22@hotmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional

AOA or License #: _____ Specialty: _____

Address: 511 Stowe Ct.

City: Harlan State: Iowa Zip Code: 51537

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
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ATTENDEE INFORMATION

Name: Libby Lamphere Credentials: MSW, LISW

Email Address (Required): lstaskal@gmail.com

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☒ Social Worker
☐ Other Healthcare Professional

AOA or License #: 007295 Specialty: _____

Address: 201 S. 26th St.

City: WDM State: IA Zip Code: 50265

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- **DO:** Des Moines University (DMU) is accredited by the American Osteopathic Association (AOA) to provide osteopathic continuing medical education for physicians. DMU designates this program for a maximum of 6.0 AOA Category 2-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.
- **Nurse:** Des Moines University continuing education is Iowa Board of Nursing approved provider #112. This live activity has been reviewed and approved for 6.0 continuing education contact hour(s). No partial credit awarded.
- **Other health providers:** This live activity is designated for 6.0 *AMA PRA Category 1 Credit(s)*[™].



EDUCATIONAL GRANTS: No commercial interest company provided financial support for this continuing education activity.

DISCLAIMER: The speakers will also disclose if any pharmaceuticals or medical procedures and devices discussed are investigational or unapproved for use by the U.S. Food and Drug Administration (FDA). Determination of educational content and the selection of speakers is the responsibility of the activity director. Commercial interest companies providing financial support did not have input in developing the agenda for this educational activity. The information provided at this CME activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a healthcare provider relative to diagnostic and treatment options of a specific patient's medical condition. The content of each presentation does not necessarily reflect the views of Des Moines University.



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NAMI Iowa's Annual Conference
November 15, 2019 • 9:20 am – 5:15 pm
Ramada Tropics Resort / Conference Center, Des Moines, IA

ATTENDANCE ATTESTATION

*Please return to the registration desk.
Instructions on how to access your certificate will be emailed within six (6) weeks of the activity.*

ATTENDEE INFORMATION

Name: Peggy Huppert Credentials: BA

Email Address (Required): Peggy@NAMIiowa.org

Profession: ☐ MD ☐ DO ☐ Nurse Practitioner ☐ Nurse* ☐ Social Worker
☐ Other Healthcare Professional NA

AOA or License #: _____ Specialty: _____

Address: 8516 NW Beaver Drive

City: Johnston State: IA Zip Code: 50131

PLEASE MARK THE SESSION(S) YOU ATTENDED

- ☒ 9:30 am NAMI Programs: How to Avoid Burnout and Remain Effective (1.0)
- ☒ 10:30 am Panel on Law Enforcement's Role in Mental Health and Co-Advocacy (1.0)
- ☒ 12:15 pm ACEs (0.75)
- ☒ 1:20 pm SELECT ONE: Breakout Session 1 (0.75)
 - ☐ Strategic Communication: Telling Your Story with Impact - Part 1
 - ☒ Latest Trends and Treatments at the University of Iowa Mood Disorder Clinic
 - ☐ Ending the Silence: A Mental Health Awareness Program for Youth
- ☒ 2:20 pm SELECT ONE: Breakout Session 2 (0.75)
 - ☒ Strategic Communication: Telling Your Story with Impact - Part 2
 - ☐ Success of Transcranial Magnetic Stimulation in Treatment-Resistant Depression
 - ☐ Intersectionality and Identity in Mental Health Treatment
- ☒ 3:05 pm SELECT ONE: Breakout Session 3 (0.75)
 - ☐ Nonprofit Board Building and Transformational Governance
 - ☐ Panel on NAMI Provider Education in the DMU School of Osteopathic Medicine
 - ☒ Serving Survivors of Sexual Violence with Mental Illness
- ☒ 4:10 pm Hope & Healing: My Journey with Mental Health (1.0)

* Nurses must attend the entire day to receive credit. No partial credit awarded.

<< Turn over to read the continuing education information. >>

CONTINUING EDUCATION INFORMATION

DISCLOSURES: Relevant to the content of this educational activity, the following individual(s) have no conflict(s) with commercial interest companies to disclose.

- Eric Barlow, MD, Speaker
- Zach Blevins, Activity Coordinator and Planning Committee Member
- Judy Bradshaw, Speaker
- Lyndsey Fennelly, Speaker
- Dawn Grittmann, Speaker
- Connie Grunder, Speaker
- Amanda Heeren, LMSW, Speaker
- Lynn Hicks, Speaker
- Peggy Huppert, Activity Director and Planning Committee Member
- Buffy Jamison, MA, Speaker
- Nadia La Fontant, Speaker
- Michael Newton, Speaker
- Amy Shriver, MD, FAAP, Speaker
- Gina Skinner-Thebo, Speaker
- Heather Strachan, PRS, ICPR, Activity Director, Planning Committee Member, and Speaker
- Lisa Streyffeler, PhD, Speaker
- Marty Parrish, Speaker
- Nina Richtman, Planning Committee Member
- Suzanne Robinson, Speaker
- Tony Thompson, Speaker
- Cindy Woodard, Planning Committee Member

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