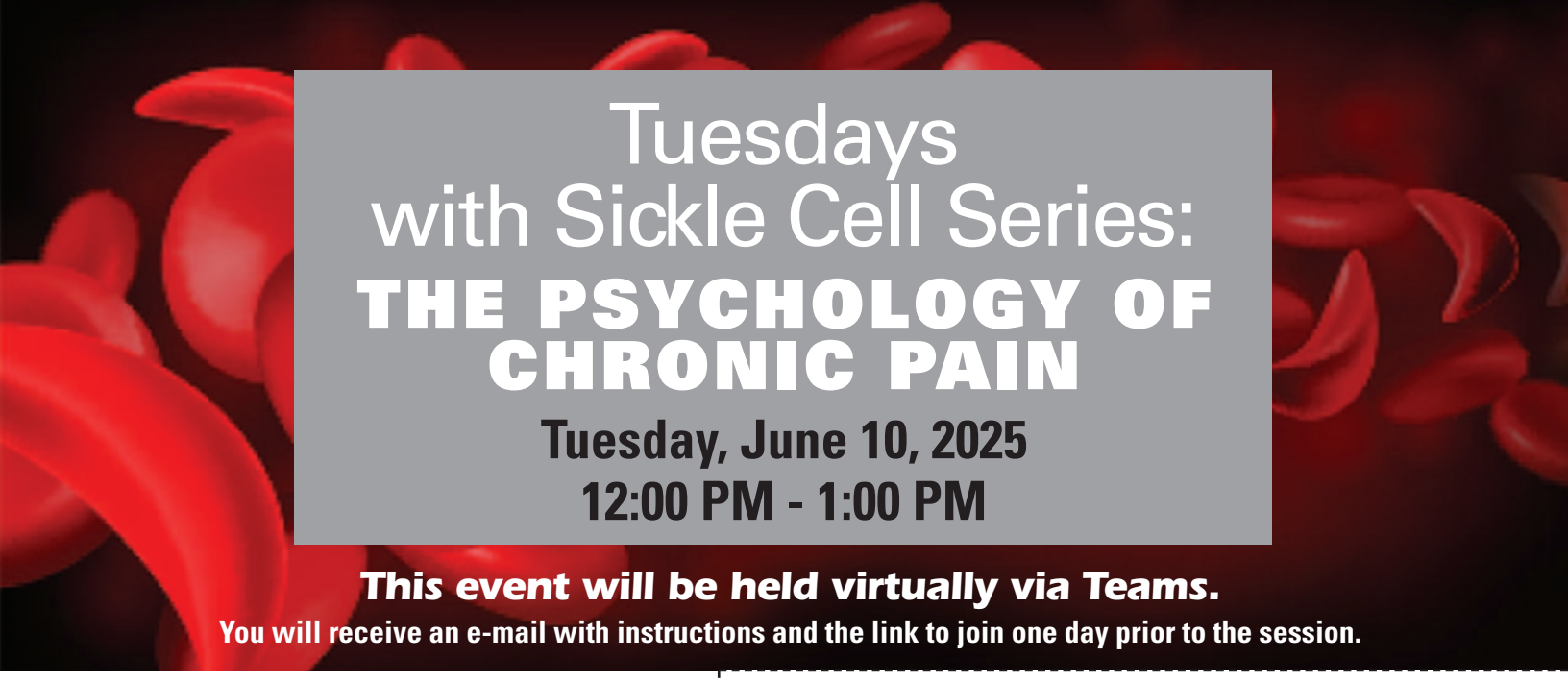

Tuesdays with Sickle Cell Series:

THE PSYCHOLOGY OF CHRONIC PAIN

Tuesday, June 10, 2025
12:00 PM - 1:00 PM

This event will be held virtually via Teams.

You will receive an e-mail with instructions and the link to join one day prior to the session.

Activity Director:

Christina M. Clay, MD
Director, Sickle Cell Disorders Program
Division of Hematology and Medical Oncology
MD Anderson Cancer Center at Cooper
Cooper University Health Care
Assistant Professor of Clinical Medicine
Cooper Medical School of Rowan University
National Alliance of Sickle Cell Centers
Camden, NJ

Speaker:

Jennifer Milore, PsyD
Postdoctoral Fellow, Behavioral Medicine
Cooper University Health Care
Camden, NJ

Need More Information?

Please contact:
Continuing Medical Education
The Cooper Health System
2nd Floor, Suite N-300
1 Federal Street
Camden, NJ 08103
Tel: (856) 382-6480 • Fax: (856) 382-6495
E-mail: CME@cooperhealth.edu

Cancellation Policy: The Cooper Health System reserves the right to cancel this conference due to insufficient enrollment or other unforeseen circumstances.

Overall Learner Objective:

The overall learner objective for this series is to better understand, diagnose, engage, and treat patients with sickle cell disorders.

Learner Objectives for this Session:

- To improve the participants understanding of the psychology of chronic pain in the setting of sickle cell disorders (SCD).
- To provide the participants with tools for managing the psychological aspects of chronic pain in SCD.
- To provide real life experience of management strategies for the psychological aspects of chronic pain in SCD.

Intended Audience:

The intended audience for this conference includes primary care physicians, internal medicine physicians, gynecologists, and pediatricians. Residents, fellows, physician assistants, advanced practice nurses, and any other health care professional with an educational need or interest in this topic may also attend.

Please Note: If you are unable to attend after registering, please contact us as soon as possible at (856) 382-6480.

Accreditation/Designation/Disclosure:

The Cooper Health System is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Cooper Health System takes responsibility for the content, quality, and scientific integrity of this CME activity.

The Cooper Health System designates this live activity for a maximum of **1 *AMA PRA Category 1 Credit*™** per session. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

All faculty, planners, and others participating in continuing medical education activities sponsored by The Cooper Health System are expected to disclose all financial relationships.

Preregistration is REQUIRED for this **FREE** CME activity.

Register on-line:

https://cooperhealth.cloud-cme.com/psychologychronicpain61025
Or
Email ALL of the registration information requested below to: CME@cooperhealth.edu
Or
Mail registration and payment to: Continuing Medical Education
The Cooper Health System
2nd Floor, Suite N-300, 1 Federal Street, Camden, NJ 08103
Or
Fax registration form to: (856) 382-6495

No registrations by telephone will be accepted.

A notice will be sent to you to confirm your registration.

Pursuant to the Physician Self-Referral Law (Stark Law), Cooper is limited in the amount of nonmonetary compensation that it may provide to physicians. To ensure that it meets these regulatory limitations, Cooper documents the monetary value of your participation in each Cooper CME activity. If the monetary value provided to you would exceed these regulatory limits, you must pay to participate in the additional CME. Should you have any questions or wish to discuss this further, please contact Cooper's Compliance Department at (856) 968-7417. Thank you for your interest in the CME opportunities.

Please print.

Name & Degree: _____
First M.I. Last Degree

Please check the status of your medical license: ❑ MD/DO - Active ❑ MD/DO - Retired

Please check if you are a ❑ Resident ❑ Fellow or ❑ PA/NP.

Address (required): _____

City/State/Zip: _____

Telephone: ❑ Home ❑ Work ❑ Mobile _____ Fax: _____

E-mail (required): _____

Company Name: _____

City/State: _____

Specialty/Occupation: _____

❑ Please indicate here if you DO NOT give The Cooper Health System permission to share limited contact information (learner name and degree, organization, and specialty) with any ineligible company or its agents.

❑ If you require assistance with hearing or vision to make this activity accessible to you, please check here and return your registration no later than June 3, 2025. We will contact you at the phone number you provide above.

Cooper University Health Care

Cooper Medical School of Rowan University

MD Anderson Cancer Center Cooper
Making Cancer History®

CONTINUING MEDICAL EDUCATION