Opioid Use and Opioid Use Disorder 2024-2026

Select any or all of the 3 online self-paced modules available via your computer or mobile device.

Modules are available to view until November 1, 2026.

Program Overview

This activity is targeted to those interested in learning more about best practices for: medication management of opioid use disorder, low barrier care, and the role and scope of the peer support specialist in this area. Information and resources presented are relevant to physicians, advanced practitioners, nurses, community health workers, and others interested in the subject matter.



As part of our commitment to diversity and inclusion, the Northwest AHEC provides compassionate education and respectful care for all, regardless of socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age.

Credit

Each single module is approved for the following credits:

- 1.0 Contact Hour from Northwest AHEC
 Nurses: This educational activity can be applied toward your continuing competence plan for maintaining your current licensure with the NC Board of Nursing.
- The Wake Forest University School of Medicine designates this enduring content for a maximum of 1 AMA PRA Category 1 Credit(s)™ for each module completed. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit will be awarded based on participant selection at time of registration. Before selecting credits, please review our general Credit Glossary but note not all programs offer all credits.

Provided by:

Northwest Area Health Education Center (AHEC), a program of Wake Forest University School of Medicine and part of the NC AHEC System.





Opioid Use and Opioid Use Disorder 2024-2026

To learn more about each session or to register for individual modules, please click the links below the program objectives.

New Strategies to Reduce Barriers to Opioid Use Disorder (OUD) Treatment

Corey Richardson, DHSc, MBA

With a focus on what defines and frames low barrier care, this course reviews the spectrum of opioid use disorder treatment, from harm reduction, low barrier care, to comprehensive integrated care.

Upon completion of the activity, participants should be better able to:

- · Define Low Barrier Care.
- Appreciate current challenges to delivering addiction treatment.
- Describe the principles of low barrier opioid use disorder (OUD) care.
- Recognize a framework for best practices in OUD care.
- Summarize the key components of low barrier OUD care.

Register for this session at www.nwahec.org/74496

New Strategies to Improve Opioid Use Disorder (OUD) Treatment Planning

Corey Richardson, DHSc, MBA

Strategies to improve OUD (opioid use disorder) treatment planning are discussed. Review of the overall role and scope of the Peer Support Specialist (PSS) and strategies to minimize and address diversion are highlighted.

Upon completion of the activity, participants should be better able to:

- · Describe the peer support specialist and the work they do.
- · Appreciate the current need for peer support specialists.
- · Identify areas where peer support specialists add value.
- Describe best practices for peer support specialists.
- Recognize the most common types of drug diversion.
- Describe the ways members of health care professions may be involved in diversion.
- Explain practices and principles that can reduce the diversion of prescription drugs.
- Describe the ways stigma can play a role in recognizing and intervening when diversion is suspected.

Register for this session at www.nwahec.org/74495

MOUD (Medication for Opioid Use Disorder): The Evidence is Compelling!

Eric Morse, MD, DFAPA

This course reviews the differences between Opioid Treatment Programs and Office-Based Opioid Treatment, the impact the opioid epidemic and COVID have had on treatment guidelines, and the strength of evidence behind treatment of the chronic condition that is opioid use disorder.

Upon completion of the activity, participants should be better able to:

- Differentiate between MOUD (Medication for Opioid Use Disorder) and OBOT (Office-Based Opioid Treatment).
- List current pharmacologic options for management of opioid use disorder.
- · Appreciate the strength of evidence supporting MOUD such that not offering it borders on malpractice.

Register for this session at www.nwahec.org/74498

Cost and Registration

\$20 — Registration fee for a single module.

Participants may view any or all of the 3 modules. Participants do not need to view all 3 modules to receive credit.

Registration fee includes instructional, administrative costs, certificate of completion and program materials.

Register and pay online at northwestahec.org or complete and return the attached registration form. Payment by credit card (Visa, MasterCard, American Express, Discover) is accepted online. Cash, money order, personal check, corporate check or AHWFB internal transfer is accepted in person or by mail.

Payment Policy: Payment is required on or before entrance into any Northwest AHEC activity. If a corporate payment has not been received before the activity start date, you will be required to provide a personal credit card or check. If and when the corporate payment has been received, Northwest AHEC will issue a full refund based on your original form of payment. To avoid personal payment, you should check with the financial staff at your organization to determine status of payment before the event date.

Refund Policy: Cancellations received in our office at least two weeks (14 business days) before the activity will receive a 100 percent refund. Registrants cancelling between two weeks and five full business days prior to the first day of the event will be refunded at 70 percent of the registration fee subject to a minimum \$25 cancellation fee. The registration fee will not be refunded if a cancellation is received less than five days before the activity. Cancellations must be in writing (email or mail). You may send a substitute in your place.

When planning for an educational activity, registration fees are not based on credit hours or agenda. Registration fees are based on expenses such as equipment, technology services, staff, etc., and are not adjusted by issues such as cancellation of speakers or other unforeseen circumstances. Every effort will be given to ensure the activity is a success.

For More Information and Assistance

If you have any questions regarding registration, please contact Samantha Garvens by email, sagarvens@wakehealth.edu or by phone at 336-713-7754. Any requests for special services or auxiliary aids should be made to Samantha Garvens at lease five days prior to the activity.

Opioid Use and Opioid Use Disorder 2024-2026

Modules are available to view until November 1, 2026

\$20 — Registration fee for <i>individual modules</i> (Please indicate modules) below) New Strategies to Reduce Barriers to Opioid Use Disorder (OUD) Treatment Planning MOUD (Medication for Opioid Use Disorder) (OUD) Treatment Planning MOUD (Medication for Opioid Use Disorder): The Evidence is Compelling! Register online at northwestahec.or Registration Form Last four of your preferred phone number: *required	Participants ma	ay choose any or all mo	odules. Please be sur	e to indicate which mo	odule(s) you woul	d like to atter	nd at \$10 per mod	dule.
New Strategies to Improve Opioid Use Disorder (OUD) Treatment Planning MOUD (Medication for Opioid Use Disorder): The Evidence is Compelling! Register online at northwestaheco Registration Form	□ \$20 — Reg	gistration fee for <u>indiv</u>	<u>ridual modules (Plea</u>	se indicate module(s	s) below)			
Registration Form Last four of your preferred phone number: *required	□ Ne	ew Strategies to Reduc	e Barriers to Opioid l	Jse Disorder (OUD) Tre	eatment			
Registration Form Last four of your preferred phone number: *required	□ Ne	ew Strategies to Impro	ve Opioid Use Disord	ler (OUD) Treatment P	lanning			
Registration Form Last four of your preferred phone number: *required	□М	OUD (Medication for 0	pioid Use Disorder):	The Evidence is Comp				
Eist Name MI Last Degrees (e.g., MD) Profession Job Title Home Address City State Zip County Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.mwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention-Samantha Garvens Attrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Register online at northy							
Eist Name MI Last Degrees (e.g., MD) Profession Job Title Home Address City State Zip County Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.mwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention-Samantha Garvens Attrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Registrati	on Form						
First Name	9		numbor, *roquirod					
Profession Job Title Home Address City State Zip County Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Last lour or yo	our preferred priorie	number. Tequired					
Profession Job Title Home Address City State Zip County Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								
Home Address City State Zip County Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	First Name		MI	Last		Degre	ees (e.g., MD)	
Home Address City State Zip County Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								-
Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Profession			Job Title				
Home Phone Cell Phone Employer Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								-
Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Home Address			City	State	Zip	County	
Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								
Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Home Phone			Cell Phone				
Employer Address City State Zip County Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								-
Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Attrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Employer							
Employer Phone Employer Fax Email Required Preferred Email Home Email Work Email By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Attrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								-
Email Required	Employer Addre	SS		City	State	Zip	County	
Email Required	Employer Dhone			Employer Fay				-
By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: ▶ Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. □ Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens □ Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund □ Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Employer Phone	:		Employer rax				
By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: ▶ Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. □ Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens □ Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund □ Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Email Doguirod							
By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer:								
and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	☐ Preferred E	mail Home Email	☐ Work Email					
and address indicated. Ways to Register: Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								
Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone			address and telepho	ne number, you have	granted permissi	on for us to o	contact you via th	ie numbers
Register online by clicking the following link: www.nwahec.org (recommended) Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Ways to Registe	ar•						
Visa, MasterCard, American Express and Discover accepted online only. Make check payable to Wake Forest University Health Sciences and mail, with registration form, to: Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Project Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone			lowina link: www.nw	ahec.org (recommenc	ded)			
Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Project Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	_		-	_	,			
Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Project Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								
Wake Forest University School of Medicine / NW AHEC Medical Center Boulevard, Winston-Salem, NC 27157-3311 Attention: Samantha Garvens Atrium Health Internal Transfer: Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	☐ Make check	c payable to Wake Fore	st University Health S	Sciences and mail, wit	h registration for	m, to:		
Attention: Samantha Garvens Atrium Health Internal Transfer: Project Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone								
Atrium Health Internal Transfer: Project Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone			on-Salem, NC 27157-	3311				
Comp Op Unit Cost Ctr Nat Acct Program Fund Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	Attention: 9	Samantha Garvens						
□ Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone	☐ Atrium He	alth Internal Transfe	Pro	Project				
□ Employer will make payment. Supervisor completes below and emails to sagarvens@wakehealth.edu Supervisor's Name (Printed) Signature Phone			Comp On Unit C	ost Ctr Nat Acct Proc	aram Fund			
Supervisor's Name (Printed) Signature Phone			comp oponic c		, rana			
Supervisor's Name (Printed) Signature Phone					_			
	☐ Employer w	vill make payment. Su	pervisor completes b	elow and emails to sa	garvens@wakeh	ealth.edu		
By signing, I am certifying that agency payment will follow. If you have a balance due and do not attend or send a	-			_				
substitute, you will be invoiced for the full program fee.				ow. If you have a balan	ice due and do no	ot attend or s	end a	