



**OPIOIDS....OR WHAT? THINK YOU KNOW ALTERNATIVES?  
THINK AGAIN!**

**Medical Risk Requirements for Connecticut Medical License Renewal  
Available Online**

***Opioids...or What? Think You Know Alternatives? Think Again!*** This program meets the medical risk management requirement for Connecticut Medical License Renewal, including, but not limited to, prescribing controlled substances and pain.

On May 12, 2018, FCMA held an Opioid Conference at Norwalk Hospital. Ten speakers presented various alternatives to prescribing opioids. If you view Dr. Michael Brennan's presentation online along with two other programs of your choice, complete the questionnaire, and return the questionnaire with this order form, to FCMA, we will send you a *Certificate of Completion*.

✂ -----  
(Return lower portion with your check or credit card information)

**Medical Risk Requirement for Connecticut Medical License Renewal**

**You must view the first presentation (Responsible Opioid Use: The Basics) plus two other programs of your choice. Once viewed, complete the questionnaire and this order form. Send this form with your completed questionnaire to FCMA and you will receive your Certificate of Completion.**

**Required:**

\_\_\_ **Responsible Opioid Use: The Basics** - Michael Brennan, MD

**Pick two additional programs to view:**

- \_\_\_ **Transcranial Magnetic Stimulation** - Tarique Perera, MD
- \_\_\_ **Nutrition and Functional Medicine** - Kenneth Litwin, MD
- \_\_\_ **Integrative Medicine** - Danielle Greenman, MD
- \_\_\_ **Medical Cannabis** - Alex Bibikau, MD
- \_\_\_ **Cognitive Behavioral Therapy** - Jo Ann Smith, MD
- \_\_\_ **Restorative Biomechanics** - Randy Trowbridge, MD
- \_\_\_ **Acupuncture** - Mitchell Prywes, MD
- \_\_\_ **Interventional Pain Management** - Zhaodi Gong, MD, PhD
- \_\_\_ **Regenerative Injection Therapy** - Paul Tortland, DO

\_\_\_\_\_ FCMA member \$40

\_\_\_\_\_ Future FCMA Member \$120\*

Physician's Name: \_\_\_\_\_ MD/DO

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**\*The member/future member cost difference of \$80 can be applied toward membership in FCMA. Join online at [www.fcma.org](http://www.fcma.org).**