Application Form:

(please type or print name and credentials exactly how you would like it to appear on the certificate of attendance)

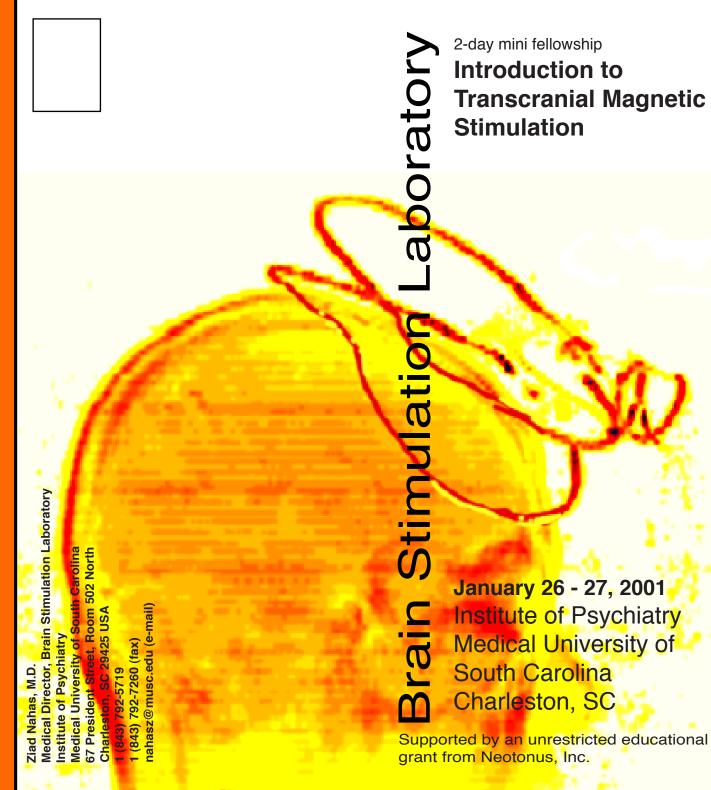
Name:
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Mailing Address:
City/StateZip
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Please Check Method of Payment
(\$695 per person)
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Signature
Checks should be made payable to:

Brain Stimulation Lab - MUSC. Registrations should be mailed to: Ziad Nahas, M.D., Brain Stimulation Lab. 67 President Street, Room 502 North, Charleston, SC 29425 USA.

All applicants are also encouraged to contact Dr. Nahas to register via phone: 1(843) 792-5719

or email: nahasz@musc.edu

Hotel Reservations are made by the applicant. BSL can provide some recommendations for location and price ranges.



Introduction to Transcranial Magnetic Stimulation

PROGRAM

Location: Institute of Psychiatry, 5th floor North Day ONE – Friday January 26, 2001

8:00 - 8:30 Continental breakfast & Registration

8:30 - 9:00 Welcome and historical perspective Mark S. George, M.D.

9:00 - 10:15 Physics of TMS Daryl E. Bohning, Ph.D.

10:15 - 10:30 Coffee break

10:30 - 11:45 Neurophysiology of TMS Charles M. Epstein, M.D.

11:45 - 1:00 Safety concerns with TMS Jeffrey P. Lorberbaum, M.D.

1:00 - 2:30 Lunch (provided)

3:00 - 5:00 Hands-On TMS Small Groups TMS training

5:00 Adjourn

Day TWO - Saturday January 27, 2001

8:00 - 8:30 Continental breakfast

8:30 - 10:15 Neuropsychiatric Application of TMS Ziad Nahas, M.D.

10:15 - 10:30 Coffee break

10:30 - 12:00 Mechanisms of Actions Mark S. George, MD

12:00 - 1:00 Case study and Research design

1:00 - 2:30 Lunch (provided)

3:00 - 5:00 Hands-On TMS Small Groups

5:00 Adjourn

GOALS / OBJECTIVES

At the completion of this program, you will be able to administer TMS (including delivering sham TMS), describe the physics of inducing a non-invasive neuronal depolarization and the effects of TMS on different brain areas, list the safety requirements, address and avoid potential side effects, describe the results of clinical trials in mood and other neuropsychiatric disorders.

TARGETED AUDIENCE

Neurophysiologist, Psychiatrist, Neurologist, Clinical Mental Health Practitioners, Clinical Researchers, Neuroimagers and Neuroscientists will find this program valuable.

ACCREDITATION STATEMENT

The Medical University of South Carolina is accredited by the Accreditation Council for Continuing Medical Education, ACCME, to provide continuing medical education for physicians.

CREDIT DESIGNATION

The Medical University of South Carolina designates this educational activity for a maximum of 12.50 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

REGISTRATION

You may register by mailing the registration form to Ziad Nahas, MD, Medical Director, Brain Stimulation Lab., IOP, 67 President St. Room 502 N, Charleston, SC 29425, USA - or simply by calling Dr Nahas at 1(843) 792-5719 or emailing him at nahasz@musc.edu

DISCLOSURE STATEMENT

The Medical University of South Carolina adheres to ACCME Standards regarding industry support of continuing medical education, and disclosure of faculty and commercial support relationships, if any, will be made known at the conference.

PROGRAM ORGANIZER

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DISCLAIMER

TMS is an investigational device not yet approved for clinical use. Research with TMS in the US requires Investigational Device Exemption by the FDA.

BRAIN STIMULATION LABORATORY - MUSC

http://www.musc.edu/psychiatry/fnrd/tms.htm