



# Certified Patient Advocacy Course

## Join The PWP Patient Advocate Program :

2018-2019 Course Curriculum Is Sickle Cell Disease Advocate

*Patiently Advocate Constantly Educate !*

Patience With Patients of America is an advocacy organization that provides education and assistance to chronic illness patients . We serve as liaisons for healthcare providers and patients during the acute phase of their disease process. Our PWP Certified Patient Advocacy Program focuses on the concepts of patient advocacy, healthcare navigation, and patient empowerment. Through advocacy our hope is to build a strong coalition of professionals that assist and empower all who battle chronic illness .

**COURSE SESSION: -In Session: \*4 hour in session course that will be given in West Palm Beach, Florida**

**-Remote: \*2 hour interactive webinar**

**-Both Classes will have a 25 question assessment that will require a passing grade of 85% or above.**

**COURSE RESULT:**

**-Certified Patience With Patients Inc. Patient Advocate**

**- Advocacy Privileges as a W-9 employee or volunteer depending on hire status**

**- Assigned Hospital Patient Visit/Compassionate Conference Requirements**

**- Patient Education & Recourse Center**

Call 954-592-4267 For Class location information

RSVP for our class , certifications PWP Advocacy Program

[www.patiencewithpatients.org](http://www.patiencewithpatients.org) or email : [patiencewithpatients@gmail.com](mailto:patiencewithpatients@gmail.com)

Class Contribution: Webinar—\$10.00 In Session : \$20.00 (FILL OUT SIGN UP LIST BELOW)

IG: @patiencewithpatients

TW:@pwpofamerica



**First Session Begins:  
August 11th, 2018**

**Curriculum Outline:**

- Patient Advocacy
- Compassionate Conference
- Hospital Protocol
- PWP Standards

**Register Today !**

For more information  
emails Us!



**Patience With Patients  
Of America Inc.**

**Patience With Patients Advocacy  
Class Registration Form**

Primary Address;  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Address Line 4 \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name \_\_\_\_\_

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- Cash Payment       Visa  
 Check                     MasterCard  
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Sign up for:

	Time	Price
<input type="checkbox"/> Webinar 1st Class	2hrs	\$10.00
<input type="checkbox"/> IN SESSION 1st CLASS	4 hrs	\$20.00
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**\*All classes are taught by a Florida State Licensed Registered Nurse**

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