



ALABAMA PSYCHIATRIC PHYSICIANS ASSOCIATION

A District Branch of the American Psychiatric Association

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LETTER OF REQUEST

The Alabama Psychiatric Physicians Association requests your participation as a Break Sponsor during our 2020 Virtual Conference, Oct. 10.

APPA staff expects between 60 and 80 participants. The target audience is psychiatrists, psychologists and ancillary providers who practice in these fields. The \$800 Break Sponsorship includes:

- Company logo displayed in promotional emails, *Conference Notes*, sent to psychiatrists state-wide;
- Company spotlight in an issue of *Conference Notes*;
- Ten-minute block of time to make a presentation to participants during the virtual conference;
- Post-meeting list of participants.

Credit card payment is welcome, or send a check payable to APPA to:
Attention: Meghan Martin
Alabama Psychiatric Physicians Association
19 South Jackson Street
Montgomery, AL 36104

Please let me know if you need additional information. We understand that submission of this letter does not constitute a commitment for your company to support this activity. We greatly appreciate your support.

Sincerely,

Meghan Martin
Director of Specialty Society Services

2020 APPA Virtual Conference • Oct. 10

Sponsorship Opportunities

APPA has a **limited number** of break sponsorships available for our Virtual Conference on Saturday, Oct. 10. Sponsors will receive:

- Company logo displayed in promotional emails, *Conference Notes*, sent to psychiatrists state-wide;
- Company spotlight in an issue of *Conference Notes*;
- Ten-minute block of time to make a presentation to participants during the virtual conference;
- Post-meeting list of participants.

Break sponsorships are \$800 and available on a first-come first-serve basis.

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Sponsoring Company Name to appear on promotions: _____

Company Contact: _____ E-mail: _____

Primary Phone: _____ Business Type: _____

Company Address: _____

City/State/Zip: _____

METHOD OF PAYMENT

VISA MasterCard American Express Check made payable to APPA

Name on Card: _____ E-mail address for receipt: _____

Billing Address: _____

City, State, ZIP: _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____ Amount: \$ _____

Your signature acknowledges your understanding that sponsors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. APPA and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. APPA reserves the right to reject a company or agency as a sponsor without explanation.

Signature: _____ Date: _____

INSTRUCTIONS

Return signed form with your payment to Meghan Martin, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your sponsorship (recommended), fax this form to (334) 269-5200 or e-mail it to mmartin@alamedical.org and note that payment will follow under a separate cover.

APPA Tax ID#: 63-1006292

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Alabama Psychiatric Physicians Association	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input checked="" type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Trust/estate
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶	
5 Address (number, street, and apt. or suite no.) See instructions. 19 S. Jackson Street	Requester's name and address (optional)
6 City, state, and ZIP code Montgomery, AL 36104	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
OR																
Employer identification number																
6	3	-	1	0	0											
6	2	9	2													

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/21/2020
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

APPA Virtual Conference

October 10, 2020

Agenda

SATURDAY, OCTOBER 10

7:45 a.m. – 8:00 a.m.
Get connected

8:00 a.m. – 8:15 a.m.
Announcements

8:15 a.m. – 9:00 a.m.
The Structure of Psychopathology:
An Evolutionary Approach
*Marco Del Giudice, PhD, Associate
Professor, Department of Psychology,
University of New Mexico*

9:00 a.m. – 9:45 a.m.
The Pains of Dying: Psychodynamic and
other Considerations Regarding Issues
at the End of Life
*Philip Muskin, MD, MA, DLFAPA,
FACLP, Professor, Columbia University
Medical Center*

9:45 a.m. – 10:00 a.m.
Break

10:00 a.m. – 10:45 a.m.
The Many Faces of Irritability and Mood
Dysregulation in Children
*Gabrielle A. Carlson, MD, Professor,
Renaissance School of Medicine at
Stony Brook University*

10:45 a.m. – 11:30 a.m.
Implementation of Assisted Outpatient
Treatment Program for Severely
Mentally Ill Patients; Is it Feasible/
Sustainable/Effective?
*Praveen Narahari, MD, MS, Assistant
Medical Director, AltaPointe Health
Systems*

11:30 a.m. – 12:00
Break for Lunch

12:00 p.m. – 12:45 p.m.
Evidence-Based Supplement Therapies
in Psychiatry
*Michael Banov, MD, Medical
Director, Psych Atlanta*

12:45 p.m. – 1:30 p.m.
Management and Treatment of
Dementia
*Charles Nevels, MD, Private Practice,
Tuscaloosa*

1:30 p.m. – 1:45 p.m.
Break

1:45 p.m. – 2:30 p.m.
Overweight 2020: Wrestling Control
from Your Hypothalamus
*Andrew Friede, MD, MPH, Medical
Director, Pathway Healthcare, LLC*

2:30 p.m. – 3:15 p.m.
The Prescription Drug Monitoring
Program: A Tool in the Fight Against
Opioid Misuse
*Nancy Bishop, BS, State Pharmacy
Director, Alabama Department of
Public Health*

**The Alabama Psychiatric
Physicians Association 2020 Virtual
Conference offers attendees 6
hours of instruction.**

Learning Objectives

- Name three different theories of obesity, explain the role of hypothalamic dysfunction in obesity, and name two new treatments.
- Recall two historic examples of physician-assisted suicide approaches, two different legal principles that apply, and two ways to respond to patients requesting assisted death.
- Explain legal use and proper handling of PDMP information, describe existing legal restraints (related to HIPAA and state law), and name three case scenarios where they will use PDMP.
- Define three potential causes of increased hospitalizations, and three interventions shown to reduce re-hospitalization rates of mentally ill patients.
- Describe evolutionary aspects of at least three different mental illnesses, explain the FSD model, and apply the new diagnostic framework to their clinical practice.
- Name criteria differentiating childhood bipolar disorder from DMDD, Fragile X syndrome, and anger overload, as well as name at least four DSM-5 differential diagnoses for children with severe outbursts, with the related specific and general treatments.
- List at least two preventative strategies, two drug combination treatments, two clinical tests, and two administrative interventions in the approach and treatment of dementia.
- Name at least 5 different evidence-based supplemental treatments and identify their psychiatric benefits, SEs and risks.

REGISTRATION

Register online at www.tinyurl.com/APPA2020VirtualConference or mail form to APPA Fall Conference, Attn. Meghan Martin, PO Box 1900, Montgomery, AL 36102-1900. Fax (334) 269-5200.