**How Racism Manifests in Healthcare**  
*Developed with KCMB A Medical-Legal/Nursing Home Negligence Committee*  

Friday, August 7, 2020 • 12:00 – 12:50 PM  

Webinar/Access link sent upon registration  

Credit: Missouri – 1.0 ethics, elimination of bias / Kansas – 1.0  

Cost: Free for KCMB A Members  

**DESCRIPTION**  

This program will not only explore systemic racism in healthcare, but will challenge all attendees to consider how racism pervades our institutions, including the legal profession. Hakima Payne, MSN RN, the Founder of Uzazi Village will be joined by Teresa Keller, JD, MBA, Vice President and Assistant General Counsel of Olathe Health. These leaders in our community and women of color will bring their unique perspective and life experiences challenging attendees to see the legal world differently and act to change it. This program is intended not just for those whose practices concern healthcare but for all those interested in racial justice. Don’t miss these two powerful and inspiring women.

**SCHEDULE**

12:00 PM  **Program**  
Teresa Keller, *Olathe Health*  
Hakima Payne, *Uzazi Village*  

12:50 PM  **Adjourn**  

*Course materials will be provided in electronic format only* and are accessible with your laptop, tablet or other mobile device during the event. Final course materials will be sent via email when size permits and posted prior to the event at [kcmba.org](http://kcmba.org).
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4 WAYS TO PRE-REGISTER:
1. Online at www.KCMBA.org
2. Mail completed registration form to KCMBA, 2300 Main St., Suite 100,
   Kansas City, MO 64108
3. Fax 816-474-0103
4. Phone 816-474-4322

REGISTRATION: 20_123

**Please Print Clearly**

NAME __________________________

FIRM ____________________________

ADDRESS __________________________

CITY ____________________________ STATE ____________ ZIP __________

OFFICE PHONE ____________________________

E-MAIL ADDRESS ____________________________

PAYMENT INFORMATION
Cost: Free for KCMBA Members
Credit Card:

☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Card No. _____________________________________________

Exp. Date ____________________________

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Check No. ____________________________ Make checks payable to KCMBA

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