

**From:** [LAFP | Louisiana Academy of Family Physicians](#)  
**To:** [LAFP; Ragan LeBlanc](#)  
**Subject:** New Submission #897: 2026 Faculty CME Proposal Application  
**Date:** Wednesday, January 28, 2026 9:02:41 PM

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**First Name::** Jennifer  
**Last Name::** Seidenberg  
**Designations (MD, DO, MPH, etc)::** MD  
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**Tax ID # or Social Security #::** 178666171  
**Date of Birth::** 11/24/1970  
**Are you a member of the LAFP/AAFP?:** No  
**AAFP ID#::**

**Will you have co-faculty?:** No

**If yes, please indicate names and designation. (MD, DO, PhD, PharmD, etc):**

**Preferred Date and Time: (select all dates and times available):** July 23, 2026 - 8:00 am - 9:00 am, July 23, 2026 - 9:00 am - 10:00 am, July 23, 2026 - 10:30 am - 11:30 am, July 23, 2026 - 12:15 pm - 1:15 pm, July 23, 2026 - 1:15 pm - 2:15 pm, July 23, 2026 - 2:30 pm - 3:30 pm, July 23, 2026 - 3:30 pm - 4:30 pm, July 24, 2026 - 8:00 am - 9:00 am, July 24, 2026 - 9:00 am - 10:00 am, July 24, 2026 - 10:45 am - 11:45 am, July 24, 2026 - 11:45 am - 12:45 pm, July 25, 2026 - 8:00 am - 9:00 am, July 25, 2026 - 9:00 am - 10:00 am, July 25, 2026 - 10:45 am - 11:45 am, July 25, 2026 - 11:45 am - 12:45 pm, July 25, 2026 - 1:00 pm - 2:00 pm, July 25, 2026 - 2:00 pm - 3:00 pm, July 25, 2026 - 3:00 pm - 4:00 pm

**Provide a title for your proposal that is no more than 80 characters including spaces.:**

Navigating the New Vaccine Landscape

**Describe the problem, or gap in practice or knowledge you are addressing; and what the learner can expect to take away from this education.:** Vaccine hesitancy is on the rise. New CDC guidance, which in places is in conflict with the AAP vaccine schedule, has raised additional concerns for both providers and parents. The new CDC recommendations for childhood vaccines divide vaccines into recommended and shared decision making categories. This talk is designed to help providers deliver and document shared decision making and discuss insurance coverage and liability concerns surrounding vaccines.

**Provide a description regarding how this education has a direct bearing on patient care, or how it supports the physician's role in patient care, or how it has a direct bearing on a physician's ability to deliver patient care.:** This session will give providers knowledge of the differences between the AAP and CDC recommended vaccine schedules. It will help providers deliver and document shared decision making and discuss insurance coverage and liability concerns surrounding vaccines.

**Select all that apply.:** Treatment/Management, Patient Education, Other

**Objective 1:** Identify the differences between the CDC and AAP recommended vaccine schedules.

**Objective 2:** Increase confidence in guiding shared decision making regarding childhood

vaccines.

**Objective 3::** Understand legal responsibilities and protections in vaccine administration.

**Objective 4::**

**Objective 5::**

**Practice Change 1:** Document shared decision making for childhood vaccines.

**Practice Change 2:** Increase confidence in providing evidence-based vaccine recommendations.

**Practice Change 3:** Improving vaccine uptake in your practice.

**Please select all that apply with respect to your proposal.:** Interpersonal and communication skills, Medical knowledge, Patient Care, Systems-based practice

**Does your proposal include osteopathic medicine principles?:** No

**Please select format.:** Didactic Presentation - 60 min

**If you marked other, please provide details.:**

**Maximum audience size.:** n/a

**Do you have prior teaching experience? :** Yes

**If you marked yes, please provide details. Please list one to three previous presentations that are relevant to this topic. Include dates, events, type and size of the audience, and evaluation score (converted to a 0-5 scale where 0 is low and 5 is high).:** - Seidenberg, J. K. (2022). The Medical Complications of Eating Disorders. Comprehensive Review of Family Medicine (2022nd ed.). Oakstone Publishing/CME Information. - digital online presentation available for asynchronous learning

**Do you require an honorarium?:** Yes

**If you marked yes, what is the requested amount?:** At discretion of LAFP

**Do you require reimbursement for travel expenses?:** Yes

**If you marked yes, please indicate what is requested: (please note that LAFP's Travel Policy will apply):** Waived Registration Fee, Hotel accommodations, Airfare/Mileage  
**CME Disclosure Form:**

[767e83223e12157e\\_2026-cme-disclosure-policy-and-form-fillable.pdf](#)

**Bio: Document should contain 1,200 characters or less. :**

[adf1d17f283aa00c\\_J\\_Seidenberg\\_bio.docx](#)

**CV:**

[7bdd042f3db9defe\\_J\\_Seidenberg\\_CV.pdf](#)

**Professional Photo: Headshot should be at least 400px wide by 600px tall in jpeg, tiff, or pdf format :**

[f5abed353e35e4f5\\_J\\_Seidenberg.jpg](#)

**Recording Acknowledgement :** 1

**Content Permission Acknowledgement:** 1

**Please select if there are any uses which you are NOT granting permission.:** N/A

**Author Acknowledgement1:** 1

**Author Acknowledgement2:** 1

**Author Acknowledgement3:** 1

**List authors of materials that may be provided during the presentation. If none, please put N/A in the box.:** n/a

**In the past 24 months (36 months for LAFP authors, journal editors and editorial board members) :** I have NOT had a financial relationship with an ineligible company.

**Disclosure Acknowledgement: 1**

**Please indicate your interest in being considered for additional teaching opportunities.:**

Yes I am interested