
 <p><b>Date:</b></p>	<p align="center"><b>Attendance Roster</b></p> <p>Title of Activity:</p>	<p align="center"><b>Enduring</b></p> <p align="center">Credits: 1.00</p>	
<p><b>Please Check One:</b>    <input type="checkbox"/> St. Vincent's Birmingham    <input type="checkbox"/> St. Vincent's Blount    <input type="checkbox"/> St. Vincent's Chilton  <input type="checkbox"/> St. Vincent's East    <input type="checkbox"/> St. Vincent's St. Clair    <input type="checkbox"/> St. Vincent's One Nineteen</p>			
Name (Please Print)	NABP or License #	DOB (Pharmacy)	Check That Apply
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech
<p><b>Physicians:</b> St. Vincent's Health System is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians. Designation Statement: The St. Vincent's Health System designates this live activity for a maximum of see above <i>AMA PRA Category 1 Credit(s)</i><sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.</p> <p><b>Nurses:</b> Ascension Health is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number: P0340. This activity is approved for Contact Hours continuing education (see above for number of credits).</p> <p><b>Pharmacists:</b> The St. Vincent's Health System is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Completion of this application-based activity provides for 1.0 contact hour (0.1 CEU) of continuing pharmacy education credit.</p> <p>This CME/CE/CPE activity is jointly provided by the St. Vincent's Health System and Ascension Health.</p>			

Please scan back for credit to: (205) 838-3225 [lisa.davis2@ascension.org](mailto:lisa.davis2@ascension.org) (Info must be completely filled out for credit)

 <b>Date:</b>	<b>CE/CME Evaluation &amp; Credit Claim Form</b>	<b>Enduring</b>  <b>Credits: 1.00</b>
<b>Please Check One:</b> <input type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input type="checkbox"/> St. Vincent's Chilton <input type="checkbox"/> St. Vincent's East <input type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen		
St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. <b>Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT</b>		
<b>Legal Name:</b>	<b>Email Address:</b> <i>(This is where your CE/CME certificate and or transcript will be sent)</i>	
<b>Identify which continuing education hours apply to you:</b>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> Other	<b>Ministry and Facility:</b>
Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No   Comment: _____		
<b>What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?</b>		
<input type="radio"/>	Plan to implement new strategies/skills/information into my practice	
<input type="radio"/>	Plan to make changes in my practice, which will likely improve the health of my patients	
<input type="radio"/>	This activity will not change my practice, because my current practice is consistent with what was taught	
<input type="radio"/>	Not applicable, I don't provide clinical services	
<b>What new team strategies will you employ as a result of this activity?</b>		
<input type="radio"/>	Modify treatment plans	
<input type="radio"/>	Effectively engage patients in the decision-making process to improve adherence to treatment and overall outcomes	
<input type="radio"/>	Explain the critical need for and application of inter-professional patient management	
<b>How will your role in the collaborative team change as a result of this activity?</b>		
Do you perceive any barriers in applying these changes?	<input type="checkbox"/> Organizational or institutional barriers <input type="checkbox"/> Cost <input type="checkbox"/> Patient compliance <input type="checkbox"/> Lack of consensus or professional guidelines <input type="checkbox"/> Lack of resources	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Inadequate time to assess or counsel patients <input type="checkbox"/> No barriers <input type="checkbox"/> Other: _____
Did you perceive commercial bias or any commercial promotional products displayed or distributed. <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please Comment)		
What other CE/CME topic(s) would you like to attend?		
<b>Speaker(s) Session</b>	<u>Speakers knowledge of Subject Matter</u>  <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<u>Quality of Presentation &amp; Handouts</u>  <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
<u>Overall Activity</u>  <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		

<b>Comments on activity:</b>	<b>Did the speaker(s) provide an opportunity for questions and discussion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please comment)
Were there problems-in-practice related to this topic that were not addressed at this CE/CME activity that you felt should have been? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I will apply the knowledge and/or skills gained during this activity in my work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome: <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Other:	
<b>Web-Based:</b> I believe the content was well organized and easy to navigate: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
<b>Pharmacy Written Assessment: What did you learn from this activity?</b>	
<b>REQUEST FOR CREDIT</b> - If you wish to receive credit for this activity, please return this completed form <input type="checkbox"/> I participated in the entire activity <input type="checkbox"/> By checking the box, I certify the above is true and correct. <b>Signature:</b>	
<p>Thank you for participating and we appreciate your candid feedback to improve your experience at future activities.  <b>To receive credit all questions must be completed on the evaluation</b></p> <p><b>Please scan back for credit to:</b> (205) 838-3225 <a href="mailto:lisa.davis2@ascension.org">lisa.davis2@ascension.org</a></p>	