

		CE/CME Evaluation & Credit Claim Form TITLE OF ACTIVITY: The In's & Out's of Inpatient Rehab		Enduring Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date:					
Please Check One: <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 <input type="checkbox"/> External Meeting					
St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT					
Legal Name:		Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i>			
Identify which continuing education hours apply to you:		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other		Ministry and Facility: Pharmacists please enter your NABP # & DOB	
Comments on this Enduring Material:					

Method of Participation - To receive a maximum of *1.0 Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest (you must answer 4 out of 5 questions correctly).
- Complete and submit the CME/CE registration and evaluation forms.

The estimated time to complete this activity, including review of the materials, is 1.0 hour(s).

Statement of Evaluation Instrument: The activity post- test and evaluation instrument are required for credit. Learners must earn a 75% correct rate on the post-test to receive credit.

1. Neurological disorders such as motor neuron diseases and polyneuropathy are not accepted into an Inpatient Rehab facility.
 - a. True
 - b. False
2. If a patient is receiving a single joint replacement, what is the age criteria to be admitted to an IRF?
 - a. 65 or older
 - b. 75 or older
 - c. 85 or older
3. How many hours a day must a patient be able to tolerate in a IRF?
 - a. One
 - b. Two
 - c. Three
 - d. Four

4. If a patient has a recent history of C. diff, they must complete 10-14 days of antibiotic therapy and get approval from Infection Prevention Department?
 - a. True
 - b. False

5. Patients with heparin drips are allowed into the SVE Rehab.
 - a. True
 - b. False

Please scan back for credit to: lisa.davis2@ascension.org

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