

CME Evaluation and Credit Claim Form

Activity Title: _____

Date & Location: _____

St. Vincent's Health System is committed to excellence in continuing education. Your opinions are critical to us in this effort.

Please note: a CME Transcript is issued only upon receipt of this completed evaluation form. PLEASE PRINT

Name: _____

Address: _____

Facility _____

Email ☐ Yes, I am willing to participate in a 3 month post-activity outcomes survey, email address is: _____

Degree: ☐ MD ☐ DO ☐ PharmD ☐ PA ☐ Other _____

The learning objectives for this activity were:

(List Objectives Below: _____)

Did the speaker meet the objectives? ☐ Yes ☐ No

What other topics in this content area would be beneficial to your learning needs?

Speaker(s) Session	Speakers knowledge of Subject Matter <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Quality of Presentation & Handouts <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Overall Conference <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<u>Comments on Conference:</u>			
<u>Intent to Make Practice Changes</u> Please identify 2 <u>specific</u> strategies that you intend to make and incorporate into your practice as a result of attending this activity/session.			
1. _____			
2. _____			

In addition to time and money, what barriers might impede the implementation of these strategies?

Commercial Bias, Support & Disclosure	
Was this presentation free of commercial bias? Financial disclosures acknowledged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any commercial promotional products displayed or distributed? Any off-label drug use, and/or investigational drug use not yet approved by the FDA?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA

REQUEST FOR CREDIT

If you wish to receive credit for this activity, please return this form to the registration desk upon your departure.

<input type="checkbox"/> I participated in the entire activity and claim _____ credits.	<input type="checkbox"/> I participated in part of the activity and only claim partial credits based on _____ hours of instruction. (e.g., 4.25, 4.5, 4.75)
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☐ By checking the box, I certify the above is true and correct.

Signature: _____

WE NO LONGER PROVIDE CERTIFICATES.

In order to receive a transcript, please call (205) 930-2802 and a transcript will be mailed to you before the end of the year.