

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	<input type="checkbox"/> Yes, I am willing to participate in a 3 month post-activity outcomes survey, email address is:		_____
Degree:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PharmD <input type="checkbox"/> PA <input type="checkbox"/> Other		

The minimum, standard questions asked on CME activity evaluations are as follows:

- 1.) Did this conference meet your educational needs? *Yes/Somewhat/No*
- 2.) Did the information presented reinforce and/or improve your current skills? *Yes/Somewhat/No*
- 3.) Did the information presented provide new ideas/information you expect to use? *Yes/Maybe/No*

Please rate the projected impact of this CME activity on your competence, performance, and/or patient outcomes:

- This activity increased my competence*. *No Increase/Moderate Increase/Great Increase*
- This activity will improve my performance**. *No Impact/Moderate Impact/High Impact*
- This activity will improve my patient outcomes. *No Impact/Moderate Impact/High Impact*

* Competence is defined as giving physicians new abilities/strategies/knowledge with a strategy, or what a professional would do in practice if given the opportunity.

** Performance is defined as helping physicians modify their practices.

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	Quality of Presentation & Handouts	Overall Conference
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments on Conference:			
Intent to Make Practice Changes 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 <input type="text"/> credits.	<input type="checkbox"/> I participated in part of the activity and only claim partial credits based on <input type="text"/> hours of instruction. (e.g., 4.25, 4.5, 4.75)
<input type="checkbox"/> By checking the box, I certify the above is true and correct.	
Signature: <input type="text"/>	
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.	