Care										
Date:	St. Vincent's Health Syst	nal Education SCEN	ISION CE/C	CE/CME Evaluation & Credit Claim Form			Credits: 1.00			
Instructor: Jeffrey Curtis, M.D. John Director Arthritis Program Single Discipline St. Vincent's Blount St. Vincent's Chair St. Vincent's Chair St. Vincent's Chair St. Vincent's Steam St. Vincent's Steam St. Vincent's Chair St. Vincent's Chai							· ·			
Single Discipline		rofessional				J	ointly Sponsored			
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Did you perceive commercial bias or any commercial promotional products displayed or distributed. No Yes (If yes please Comment)										
What I learned in this activity has increased my confidence in improving patient outcome results. Yes No										
What other CE/CME topic(s) would you like to attend?										
Speaker(s) Session	Speakers knowledge of Subject Matter	Quality of Presentation & Handouts	Overall Activity							
	Excellent Good Average Poor	Excellent Good Average Poor	Excellent Good Average Poor							
Comments on activity: Did the speaker(s) provide an opportunity for questions and discussion? Yes 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?										
I will apply the knowledge and/or skills gained during this activity in my work: Yes No										
This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome: Strongly Agree Neutral Disagree Other:										
<u>PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY</u> (must fill out these two questions to receive credit)										
Describe the risk factors associated with RA:										
What are the causes of Rheumatoid & Psoriatic Arthritis?										
REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form										
By checking the box, I certify the above is true and correct.										
Signature:										
Thank you for participating and we appreciate your candid feedback to improve your experience at future activities. To receive credit all questions must be completed on the evaluation										

Please scan back for credit to: lisa.davis2@ascension.org (205) 838-3518 FAX