

# CME/CE Credit Request Form

## Problem Based Learning in HBV: Improving Decisions to Optimize Outcomes

Live Symposium – Wednesday, March 29, 2017

To receive CME/CE credit, you must complete all of this form and the evaluation form and turn them in to the CME Outfitters staff on your way out of the ballroom. Or you can fax it to: 614.448.4536. A certificate or statement of credit will be emailed to you within 4–6 weeks.

**PLEASE PRINT CLEARLY (Form must be filled out completely to process CME/CE credit)**

First Name, MI, Last Name: \_\_\_\_\_

Degree:  MD  DO  RN  NP  
 PA  PharmD  RPh  Other: \_\_\_\_\_

Specialty:  Internal medicine  Family medicine  Other: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (certificate or statement of credit will be emailed): \_\_\_\_\_

Type of CE credit requested:  CME/Physicians (max. 1.0 \_\_\_\_\_)  CPE/Pharmacists (1.0)  CNE/Nurses (1.0)  
 Others (1.0 CME Attendance Certificate)

NABP e-Profile number (Pharmacists Only): \_\_\_\_\_ Month and day of birth (MM/DD): \_\_\_\_\_

How did you learn about this continuing education activity?  
 Postcard/direct mail  Email  Internet  Colleague  Fax  Other: \_\_\_\_\_

Did you enjoy participating in the simulation portion of this symposium?  y  n

How engaging were the simulations?  
Not at all engaging – ① ② ③ ④ ⑤ – Highly engaging

**As a result of my participation in this live symposium, I will commit to:**

- Increase the rate at which I screen at-risk patients for HBV.  y  n
- Implement an optimal treatment strategy for HBV-positive patients, including monitoring and referring to specialists as needed.  y  n
- Integrate a team-based care model into my practice to monitor adherence in HBV-positive patients.  y  n

# CME/CE Activity Evaluation

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**Strongly Agree**   **Agree**   **Neutral**   **Disagree**   **Strongly Disagree**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The course met the stated objective(s):  | 5 | 4 | 3 | 2 | 1 |
| • Increase the rate at which clinicians appropriately screen at-risk patients for HBV.  | 5 | 4 | 3 | 2 | 1 |
| • Develop a treatment strategy for patients who test positive for HBV to ensure they are referred and monitored for optimal care.         | 5 | 4 | 3 | 2 | 1 |
| • Integrate a team-based care model for patients who test positive for HBV to monitor adherence to therapy.                               | 5 | 4 | 3 | 2 | 1 |
| <b>The following learning objectives pertain only to those requesting CNE credit:</b>   |   |   |   |   |   |
| • Explain how to appropriately screen at-risk patients for HBV.   | 5 | 4 | 3 | 2 | 1 |
| • Identify a treatment strategy for patients who test positive for HBV to ensure they are referred and monitored for optimal care.        | 5 | 4 | 3 | 2 | 1 |
| • Describe a team-based care model for patients who test positive for HBV to monitor adherence to therapy.                                | 5 | 4 | 3 | 2 | 1 |
| 2. This activity helped me to have a better understanding of the topic(s).  | 5 | 4 | 3 | 2 | 1 |
| 3. This activity assisted me to consider using the information in a different way to improve my practice.                                 | 5 | 4 | 3 | 2 | 1 |
| 4. This activity provided me with resources I can use in my daily practice or with my patients.   | 5 | 4 | 3 | 2 | 1 |
| 5. This activity will support my routine clinical practice to deliver evidence-based best practice that improves patient health outcomes. | 5 | 4 | 3 | 2 | 1 |

6. Rate the quality of the faculty member(s) listed below, from 5 (Excellent) to 1 (Poor):

Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
Kris V. Kowdley, MD, FACP, FACG, FASGE, AGAF, FAASLD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Su Wang, MD, MPH	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

7. Will you change the way you practice based on this activity?    y    n  
If no, please state reasons: \_\_\_\_\_
8. Do you feel the activity was balanced and objective?    y    n  
If no, please state reasons: \_\_\_\_\_
9. Do you feel the activity was free of commercial bias?    y    n
10. Approximately what percent of this content was NEW to you?    25%    50%    75%    This was all new information to me.
11. As compared to other CME activities you have participated in the past six months, do you believe this activity:  
 Increased your knowledge    Will improve patient outcomes in your practice
12. In the past 6 months, how many CME programs have you participated in?    1-4    5-10    11-15    Greater than 15
13. What was the most useful information you gained from this activity? \_\_\_\_\_
14. Suggested topics for future activities: \_\_\_\_\_
15. General comments/suggestions: \_\_\_\_\_

*Thank you for your feedback. Your comments will be reviewed carefully and ultimately used to guide the development of our future continuing education activities.*