

CME/CE Credit Request Form

Deep Remission, Top-Down Treatment Strategies and Real-World Data in Patients with UC: An Interactive and Innovative Case Series

Live Symposium – Sunday, May 7, 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: Gastroenterologist 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. 1.5 _____) CPE/Pharmacists (1.5) Others (1.5 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: _____

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

- Develop treatment goals that extend beyond symptomatic remission to promote mucosal healing in my patients with UC. y n
- Make treatment decisions based on individual prognosis and severity of disease by applying the unique risk/benefit profile of biologic therapies for UC. y n
- Utilize real-world data to make early, effective treatment decisions for my patients with UC. y n

