

CME/CE Credit Request Form

2nd Annual Advances in Diagnosis, Neurobiology, and Treatment of Psychiatric Disorders

Live Symposium – Monday, June 12, 2017 & Tuesday, June 13, 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 credit)

First Name, MI, Last Name: _____

Degree: MD DO Other: _____

Specialty: Psychiatry Neurology Other: _____

On average, how many patients do you see during a month with psychiatric disorders?

0 1-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 41-45 46-49 Greater than 50

Complete mailing address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

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

AMOUNT OF CME CREDIT CLAIMED			
Physicians, PAs, and Other	Day 1	Day 2	TOTAL
	_____ <i>(Max 8.00)</i>	_____ <i>(Max 4.50)</i>	_____ <i>(Max 12.50)</i>

Type of CME credit requested: CME/Physicians (max. 12.5 _____) Others (12.5 CME Attendance Certificate)

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:

- Identifying clinical signs and symptoms that will lead to the early recognition and accurate diagnosis of the most common psychiatric disorders. y n
- Translating the latest evidence into steps I can initiate to improve my care of patients with mental illness. y n
- Integrating measurement based care into your multimodal management of patients with psychiatric disorders. y n

CME/CE Activity Evaluation

2nd Annual Advances in Diagnosis, Neurobiology, and Treatment of Psychiatric Disorders

Live Symposium – Monday, June 12, 2017 & Tuesday, June 13, 2017

To receive CME/CE credit, you must complete all of this form and the Credit Request 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.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- | | | | | | |
|---|---|---|---|---|---|
| <p>1. The course met the stated objective(s):</p> <ul style="list-style-type: none"> • Identify clinical signs and symptoms that will lead to the early recognition and accurate diagnosis of the most common psychiatric disorders. • Translate recent basic and clinical research advances about psychiatric disorders, aimed at a deeper and clearer understanding of their complexity to improve your care of patients with psychiatric disorders. • Integrate measurement-based care into your multimodal management of patients with psychiatric disorders. <p>2. This activity helped me to have a better understanding of the topic(s).</p> <p>3. This activity assisted me to consider using the information in a different way to improve my practice.</p> <p>4. This activity provided me with resources I can use in my daily practice or with my patients.</p> <p>5. This activity will support my routine clinical practice to deliver evidence-based best practice that improves patient health outcomes.</p> <p>6. Rate the quality of the faculty member(s) listed below, from 5 (Excellent) to 1 (Poor):</p> | <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> | <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> | <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> | <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> | <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> |
|---|---|---|---|---|---|

Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
Jeffrey A. Lieberman, MD (Host-Chairman)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Renato D. Alarcón, MD, MPH (Co-Chairman)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Charles B. Nemeroff, MD, PhD (Co-Chairman)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Cristiane Duarte, PhD, MPH	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Mark A. Frye, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Edward D. Huey, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Roberto Lewis-Fernández, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Edward V. Nunes, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Franklin R. Schneier, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Manpreet K. Singh, MD MS	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Milton L. Wainberg, MD	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.