

# CME/CE Credit Request Form

## Advances in Diagnosis, Neurobiology, and Treatment of Neurological Disorders

*Live Symposium – March 20 and 21, 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:  Neurology  Other: \_\_\_\_\_

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

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

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
	_____ (Max 7.75)	_____ (Max 3.00)	_____ (Max 10.75)

Type of CME credit requested:  CME/Physicians (max. 10.75 \_\_\_\_\_)  Others (10.75 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 neurological disorders.  y  n
- Applying the latest scientific evidence into practice strategies to improve my care of patients with neurological disorders.  y  n
- Integrating measurement based care into the management of my patients with neurological disorders.  y  n

# CME/CE Activity Evaluation

## Advances in Diagnosis, Neurobiology, and Treatment of Neurological Disorders

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The course met the stated objective(s):					
• Identify clinical signs and symptoms that will lead to the early recognition and accurate diagnosis of the most common neurologic disorders.	5	4	3	2	1
• Apply recent advances in basic and clinical research to improve the care of your patients with neurological disorders.	5	4	3	2	1
• Integrate measurement based care into your multimodal management of patients with neurologic disorders.	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
Renato D. Alarcon, MD, MPH (Chairman)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Ralph L. Sacco, MD, MS, FAHA, FAAN (Chairman)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Antonio V. Delgado-Escueta, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Mark Frye, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Andres M. Kanner, MD, FANA, FAES	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Corneliu Luca, MD, PhD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Teshamae Monteith, MD, FAHS	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Melissa Ortega, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Carlos Singer, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Xiaoyan Sun, MD, PhD	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.*