

CME, CNE, ACPE, ABIM Credit Request Form

HBV Is Not a Game: Or Is It? Optimizing Your Approach to HBV Management

Live Symposium – Wednesday, April 18, 2018

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, CNE, ACPE, ABIM credit)

First Name, MI, Last Name: _____

Degree: MD DO RN NP
 PA PharmD RPh Other: _____

Specialty: Primary Care Internal Medicine Gastroenterology Infectious Disease 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 _____) CNE/Nurses (1) CPE/Pharmacists (1)
 ABIM MOC (1) Others (1 CME Attendance Certificate)

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

ABIM MOC profile number (Internal medicine physicians 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 activity, I commit to:

- Screen appropriate, at-risk patients for HBV in alignment with best practice advice from the ACP clinical guidelines and document the screening in my patients' chart. y n
- Initiate antiviral therapy in my patients with immune-active chronic hepatitis B (CHB) that align to AASLD and EASI recommendations. y n
- Review my regular monitoring protocols for patients with CHB infection and adjust as needed to further prevent reactivation and surveil for HCC. y n

CME, CNE, ACPE, ABIM Activity Evaluation

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

- | | | | | | |
|--|--|--|--|--|--|
| <p>1. The course met the stated objective(s):</p> <ul style="list-style-type: none"> • In at-risk populations, document that appropriate patients have been screened for HBV in alignment with the best practice advice of the new ACP clinical guidelines. • Initiate antiviral therapy in patients with immune-active chronic hepatitis B (CHB) aligned to AASLD and EASL recommendations. • Establish regular monitoring protocols for patients with CHB infection to prevent reactivation and surveil for HCC. <p><i>The following learning objectives pertain only to those requesting CNE or CPE credit:</i></p> <ul style="list-style-type: none"> • Describe ACP clinical guidelines for screening appropriate at-risk patient populations for HBV and how to properly document. • Summarize antiviral therapy for patients with immune-active chronic hepatitis B (CHB) aligned to AASLD and EASL recommendations. • Explain regular monitoring protocols for patients with CHB infection to prevent reactivation and surveil for HCC. <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>
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Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
Joseph Ahn, MD, MS, FAASLD, FACG, AGAF	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Amy Shen Tang, 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.