

# CME, CNE, ACPE, ABIM Credit Request Form

## Getting Ahead of Migraine: Integrating Preventive Strategies Into Migraine Care

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  Neurology  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 \_\_\_\_\_)  CNE/Nurses (1.5)  CPE/Pharmacists (1.5)  
 ABIM MOC (1.5)  Others (1.5 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:

- Apply new knowledge of clinical features, symptoms, and key diagnostic criteria in my differential diagnosis of migraine  y  n
- Review new treatment options that target CGRP as they come available as potential alternatives for preventing and managing migraine.  y  n
- Employ a patient-centered approach towards my patients with migraine to improve outcomes, satisfaction, and treatment adherence.  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"> <li>• Apply knowledge of clinical features, symptoms, and key diagnostic criteria in the differential diagnosis of migraine.</li> <li>• Assess safety and efficacy data supporting the role of agents that target CGRP in the prevention and management of migraine.</li> <li>• Employ a patient-centered approach to the care of patients with migraine in order to improve outcomes, patient satisfaction, and treatment adherence.</li> </ul> <p><i>The following learning objectives pertain only to those requesting CNE or CPE credit:</i></p> <ul style="list-style-type: none"> <li>• Identify clinical features, symptoms, and key diagnostic criteria in the differential diagnosis of migraine.</li> <li>• Explain safety and efficacy data supporting the role of agents that target CGRP in the prevention and management of migraine.</li> <li>• Describe a patient-centered approach to the care of patients with migraine in order to improve outcomes, patient satisfaction, and treatment adherence.</li> </ul> <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> | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |
|   | 5 | 4 | 3 | 2 | 1 |

Speaker	Content	Clinical Relevance	Teaching Strategies	Level of Expertise
Andrew C. Charles, MD	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Grace Forde, 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.*