CME/CE Credit Request Form

Optimizing Immunosuppression, Precision Medicine, and Big Data: The Required Path for Innovation in Transplantation

Live Symposium – Monday, June 4, 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/CE credit)

First Name, MI, Last Name:									
Degree: O MD O PA	00	DO PharmD	-	N Ph	0	NP Other:			
Specialty: O Transplant Medicine O Transplant Surgeon		○ Nephrologist ○ Other:				nmunology Specialists			
Complete mailing address:									
City:				State:	:		Zip:		
Business Phone:				Fax:					
Email (certificate or statement of cre	dit wi	ll be emailed):							
Type of CE credit requested: O CME/Physicians (max. 1.25) O CNE/NG							 CPE/Pharmacists (1.25) MIPS Improvement (1.25) 		
NABP e-Profile number (Pharmacists	Only):			Мо	nth and day	/ of birth (MM/DD):		
ABIM MOC profile number (Internal	medio	_ Month and day of birth (MM/DD):							
How did you learn about this contin	-		0		-				
O Postcard/direct mail O E	mail	○ Internet		eague	⊖ Fa	х	○ Other:		
As a result of my participation in t	his ac	tivity, I commit to:							
 Screen my patients receiving a kidr factors for allograft loss. 	ney tra	ansplant for modifiable a	nd non-mo	difiable risk		y n			
 Integrate new strategies into my pr adverse events in transplant recipie 		e to optimize immunosup	pression ar	nd minimize		y n			

Provided by CME

CME, CNE, ACPE, ABIM Activity Evaluation

Optimizing Immunosuppression, Precision Medicine, and Big Data: The Required Path for Innovation in Transplantation

Live Symposium – Monday, June 4, 2018

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.

			trongly Agree	Agree	Neutral	Disagree	Strongly Disagree					
1.	The course met the stated objective(s):		~	~	~	~	~					
	 Identify modifiable and non-modifiable risk factors for allograft loss in patients receivir a kidney transplant. 	ıg	5	4	3	2	1					
	Integrate strategies to optimize immunosuppression and minimize adverse events in transplant recipients.		5	4	3	2	1					
	• Explore the impact of big data on precision medicine and the future of transplant med	licine.	5	4	3	2	1					
	The following learning objectives pertain only to those requesting CNE or CPE credit:											
	• Differentiate between modifiable and non-modifiable risk factors for allograft loss in patients receiving a kidney transplant.		5	4	3	2	1					
	 Assess strategies to optimize immunosuppression and minimize adverse events in transplant recipients. 		5	4	3	2	1					
	\cdot Explore the impact of big data on precision medicine and the future of transplant med	licine.	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 impre	ove my practice.	5	4	3	2	1					
4.	This activity provided me with resources I can use in my daily practice or with my p	oatients.	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	r):										
	Speaker Content Clinica	Teaching Strategies Level of Expertise				oertise						
				4)3)2)1		54321						
	Dorry Segev, MD, PhD5(4)3(2)15(4)3(2)1	4321	(5)	4321		5430	2)(1)					
7.	Will you change the way you practice based on this activity? \odot \circ											
	If no, please state reasons:											
8.	Do you feel the activity was balanced and objective? \bigcirc \bigcirc											
	If no, please state reasons:											
9.	Do you feel the activity was free of commercial bias? \odot $^{(n)}$											
10.	. Approximately what percent of this content was NEW to you? \bigcirc 25% \bigcirc 50% \bigcirc 75% \bigcirc This was all new information to me.											
11.	As compared to other CME activities you have participated in the past six months, \bigcirc Increased your knowledge \bigcirc Will improve patient outcomes in your practice of the second		his activi	ty:								
12.	In the past 6 months, how many CME programs have you participated in? \bigcirc 1-	-4 🔿 5-10	0 1	1-15 🤇	Greate	r 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.