Title of Activity: Compliance and Quality Seminar Series - Approved Duration: January 1-December 31, 2014

The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Office of Continuing Education, School of Medicine, University of Missouri designates this live educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

Date of Activity: ________________________________________________

Topic for CME session: ____________________________________________

Telehealth Site: ___________________________________________________

*Name of Participant: ______________________________________________

*Address: _________________________________________________________

_______________________________________________________________

E-mail: __________________________________________________________

*Discipline:

☐ MD ☐ Nurse ☐ Physician Assistant ☐ Pharmacy

☐ DO ☐ Nurse Practitioner ☐ OT/PT/Speech Therapist ☐ EMT/Paramedic

☐ Other: _________________________________________________________

*Were the following learning objectives met?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify potential ethical issues involving research conduct and statistical practice.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Describe common unethical statistical habits</td>
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<tr>
<td>Understand the practical implications of those seemingly harmless habits</td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>Explain how to correctly deal with unethical situations when they arise</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please rate the following:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This information is likely to have an impact on my practice.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Conflict of Interest Disclosure was made prior to start of activity.</td>
<td>☐</td>
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<td>The Telehealth system was effective in viewing this activity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*What did you learn in this CME activity that you will apply to your practice of medicine?

________________________________________________________________________

*What change(s) will you incorporate into your practice as a result of knowledge acquired at this activity?

________________________________________________________________________

Please share any comments or suggestions you may have:

________________________________________________________________________

*required for CME credit

Return via fax to: Karla Imhoff - 573-882-5666

Updated: January 1, 2014