Continuing Medical Education Registration and Evaluation Form

Title of Activity: Family & Community Medicine Grand Rounds - Approved Duration: July 1, 2014 - June 30, 2015

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?

Incorporate best practices and further develop lifelong learning skills................................................................. [ ] [ ] [ ] [ ] [ ]

Apply patient centered medical home practices into clinical practice............................................................... [ ] [ ] [ ] [ ] [ ]

Identify systems issues facing quality of care ....................... [ ] [ ] [ ] [ ] [ ]

Implement quality improvement aspect into practice ............ [ ] [ ] [ ] [ ] [ ]

*Please rate the following:

This information is likely to have an impact on my practice. [ ] [ ] [ ] [ ] [ ]

Conflict of Interest Disclosure was made prior to start of activity. [ ] [ ] [ ] [ ] [ ]

The Telehealth system was effective in viewing this activity. [ ] [ ] [ ] [ ] [ ]

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?

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Please share any comments or suggestions you may have:

________________________________________________________________________________________

*required for CME credit

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

Updated: July 1, 2014