Continuing Medical Education Registration and Evaluation Form

Title of Activity: Orthopaedic Surgery 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

☐ DO

☐ Nurse Practitioner

☐ OT/PT/Speech Therapist

☐ Pharmacy

☐ EMT/Paramedic

☐ Other: ______________________________________

*Were the following learning objectives met?

Identify current techniques, approaches, complications, etc, in subspecialties related to the field of Orthopaedic Surgery

Identify resources useful in implementation of current techniques, approaches, complications, etc., in subspecialties related to the field of Orthopaedic Surgery

Strongly Agreed: □

Agreed: □

Neutral: □

Disagreed: □

Strongly Disagreed: □

Please rate the following:

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

Conflicts of Interest Disclosure was made prior to start of activity.

The Telehealth system was effective in viewing this activity.

Strongly Agree: □

Agree: □

Neutral: □

Disagree: □

Strongly Disagree: □

*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

**part of the "Orthopaedic Surgery Conferences" CME Series

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

Updated: July 1, 2014