

Credit Request Form & Evaluation - ZOOM attendees

Title of Activity: Child Health Grand Rounds - **Approved Duration:** August 1, 2019 - July 31, 2020

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: _____ **SPEAKER NAME:** _____

TITLE/TOPIC OF PRESENTATION: _____

Name of Participant: _____

Address: _____

E-mail: _____

Discipline (check one): ___ M.D. / D.O ___ APRN ___ P.A. ___ Other: _____

Evaluation of Objectives

As a result, of participating in this Child Health Grand Rounds activity I can/am better able to...
(Check all that apply)

Identify and apply current and emerging diagnostic, treatment and management strategies specific to the topic(s) discussed in this session.

___ YES ___ NO

Recognize and discuss recent advances in clinical and basic research including technological discoveries related to this topic and subspecialty and general pediatrics.

___ YES ___ NO

The information shared by the speaker of this session explored and evaluated scientific evidence supporting current and emerging therapies specific to the topic presented and included appropriate applications/indications for use in daily practice. What change(s) will you incorporate into your practice as a result of knowledge acquired at this activity?

The topic was relevant to my area of practice; and/or contained information that was new to me.

___ YES ___ NO

Which of the following competency areas do you feel will be improved as a result of this activity? (Mark all that apply)

___ Patient Care

___ Systems Based Practice

___ Medical Knowledge

___ Practice Based Learning

___ Professionalism

___ Communication Skills

The building and location were suitable for this educational activity.

___ YES ___ NO

The presenters were knowledgeable and allowed feedback during their presentation.

___ YES ___ NO

Please return this form to Courtney Stoerker stoerkercl@health.missouri.edu or fax to 573-884-1795.

**** Note: Evaluation of objectives must be completed in order to get credit for attending this session.**