

## E-MAIL REPORT OF ATTENDANCE AND EVALUATION FOR CME

To obtain CME credit for participating in this activity, you must a) watch the lecture live, and b) complete and submit an evaluation form with all information requested and all questions answered. Your identity remains confidential. Only summary ratings and text of comments provided are shared with the faculty and sponsors. E-mail to [britny@strategicresults.com](mailto:britny@strategicresults.com) or fax to 443.451.7010. Please call 443.451.7007 if you have any questions.

CME credit will be awarded in the cumulative at the conclusion of the series and awarded to participants through the CME Online website. Once this is processed, you will receive an email advising you to login in to My CME Reports and review your record. If you do not know your PIN to access your individual record, contact the CME Program office – 301/435-8012.

The National Institutes of Health/Foundation for Advanced Education in the Sciences (NIH/FAES) is accredited by the This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the Joint sponsorship of Columbia University Medical Center, University of California, San Diego School of Medicine, University of Colorado Health Sciences Center, and University of Pittsburgh School of Medicine. The National Institutes of Health/Foundation for Advanced Education in the Sciences (NIH/FAES) is accredited by the ACCME to provide continuing medical education for physicians.

The NIH/FAES designates this educational activity for a maximum of 13 AMA PRA Category 1 Credits.<sup>™</sup> Physicians should only claim credit commensurate with the extent of their participation in the activity.

Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

By submitting this form completed, you verify that you have viewed the following lecture via live web cast as indicated below - You **must** provide the information marked with \* in red.

<b>*Lecture:</b>	
<b>*Date(s):</b>	
<b>* Your Name:</b>	<b>* Professional Degree:</b>
Job Title:	
Organization:	
Department:	
Address:	
<b>*E-mail address:</b>	
<b>*NIH Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	<b>* NIH Badge #:</b>
<b>*Phone Number</b>	
<b>* Date of Birth (MM/DD only- no year):</b>	<b>/ /XXXX</b>

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by entering the number that represents your answer.

1=None or not at all    2=Very little    3=Moderately    4=Considerably    5=Completely    N/A= Not applicable

**A. Rating of Educational Objective(s) and Activity:**

1. Please rate the attainment of the objectives:

present new concepts in basic, clinical pulmonary	1	2	3	4	5	N/A
to promote scientific exchange of ideas	1	2	3	4	5	N/A
to foster research collaboration	1	2	3	4	5	N/A

2. The quality of the instructional process was an asset to the program  3.

To what extent did participation in this activity enhance your professional effectiveness?

4. Did you perceive any commercial bias? Use the following criteria to judge:

- a. The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.

- b. *I was informed about the existence and resolution of relevant financial relationships/conflict of interests of planners and presenters prior to the presentation*
- c. *Speakers who discussed off label, investigational, or alternative uses of products, devices or techniques disclosed this in their presentation.*
- d. *Educational materials were free of advertising, trade names or product-group messages*

No  Yes If yes, please explain: \_\_\_\_\_

B. Comments:

1. What comments or suggestions do you have for the faculty presenter?
2. What will you do differently as a result of attending this educational activity?
3. Are there new topics you would like to have covered in this course or in a related course?
4. Do you have additional comments to enhance the utility or impact of this program?

**Thank you for your cooperation.**