# EVALUATION AND CME/CE CREDIT CLAIM FORM
## SPORTS MEDICINE CLINIC
## October 1st, 2015

University of Nevada School of Medicine
PROJECTECHO
CONNECTING NEVADA'S COMMUNITIES TO SPECIALTY CARE

**Instructions**

The information you provide on this form is indicative of your participation in this activity. Your responses will only be shared with presenters and planning committee members in aggregate format. Upon completion of the form, please submit the form by or fax it to (775) 327-5112. Only those individuals who complete and return this form will receive credit.

Name:

*Last* *First* *MI* *Degree*

Address:

City: State: Zip:

Telephone: ( ) License Number: Email:

**SIGNATURE AND VERIFICATION OF ATTENDANCE**

I attest that I have participated in _____ hours of this educational activity. *( MAXIMUM 1 HOUR )*

**Signature** **Date**

| As a result of my participation in this CME activity: | Strongly Agree | Agree | Unsure | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| My knowledge increased. | 5 | 4 | 3 | 2 | 1 |
| My ability to provide appropriate care to my patients improved. | 5 | 4 | 3 | 2 | 1 |
| I will make changes in my practice. | 5 | 4 | 3 | 2 | 1 |

| Please rate your overall satisfaction with this clinic session. | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|---|---|---|---|---|---|
| Televideo connection. | 5 | 4 | 3 | 2 | 1 |
| Information provided. | 5 | 4 | 3 | 2 | 1 |
| Time for questions/answers. | 5 | 4 | 3 | 2 | 1 |

1. **If you plan to make changes in your practice, please identify any barriers that you perceive in implementing these changes (select all that apply).**
   - ☐ **Lack of time to assess patients**
   - ☐ **Lack of time to counsel patients**
   - ☐ **Insurance/Reimbursement issues**
   - ☐ **Other (please describe):**
   - ☐ **Patient compliance issues**
   - ☐ **Lack of consensus on professional guidelines**
   - ☐ **None – I do not plan to make any changes**

2. **Was the material presented in a manner that was free from commercial bias?** ☐ **Yes** ☐ **No** *If no, please explain:*

3. **Please list topics of future interest and additional comments regarding teleECHO clinics:**