

University of California, Davis, Health System
Continuing Medical Education

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University of California, Davis, Health System
Office of Continuing Medical Education (OCME)

Videoconferenced Regularly Scheduled Series REGISTRATION FORM

Course Objective(s):

Date viewed event:

Accessed using ☐ Computer ☐ Telemedicine Equipment

Provider ☐ UCD/CME ☐ UCTV ☐ Other

Organization: ☐ UCSF ☐ UCDHS ☐ KAISER ☐ OTHER

If you are a UC Davis Affiliate: (CHECK ONE)

- ☐ FACULTY
☐ CLINICAL FACULTY
☐ PCN FACULTY
☐ VOLUNTEER FACULTY
☐ SOM ALUMNI
☐ OTHER

OCCUPATION:

- ☐ NP ☐ RN ☐ MSW ☐ LCSW
☐ TECH ☐ CRNA ☐ OPTOMETRIST
☐ PA ☐ RD ☐ Other

☐ MD or ☐ DO need specialty

Specialty :

☐ Medical Student ☐ Resident ☐ Fellow

NAME:

Last 4 digits of your SSN#:xxx-xx-

(For transcript purposes)

MAILING ADDRESS:

(address you would like us to mail your complimentary annual transcript)

CITY:

STATE:

ZIP:

PHONE:

FAX:

Email address:

Mail or fax REGISTRATION FORM and EVALUATION to:

Gwenn Welsch - Distance Education Phone (916) 734-5773 Fax (916) 734-0776
Continuing Medical Education
3560 Business Drive, Suite 130, Sacramento, CA 95820

CONFIDENTIALITY STATEMENT

I understand and agree that I shall respect and maintain the confidentiality of all discussions, deliberations, records, and any other information generated in connection with these activities by the medical staff, departments, divisions, or their committees. I shall make no voluntary disclosures of such discussion, deliberations, records, and information except to persons authorized to receive it in the conduct of medical staff affairs.

The University of California, Davis, Health System is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. **Physician Credit:** The Office Continuing Medical Education of the University of California, Davis, Health System (School of Medicine, Medical Center and Medical Group) designates this educational activity for a maximum of **1AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. (revised 4-10-08 gw)

University of California, Davis, Health System
OFFICE OF CONTINUING MEDICAL EDUCATION - EVALUATION FORM

Name: _____ SS# XXX-XX _____

Remote Site - Clinic/Hospital Name: _____

☐ MD ☐ DO Specialty _____ ☐ RN ☐ NP ☐ PA ☐ Other _____

Learner Objectives

At the completion of this program the participant should be able to :

Speaker:	RATING* Excellent <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Poor
Comments regarding content and presentation: _____	
This RSS fits the scope of my medical practice.	Agree <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Disagree
I have increased my competence as a result of attending this RSS	Agree <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Disagree
I will apply knowledge and strategy from this RSS in my clinical practice	Agree <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Disagree
What clinical problems have you been able to solve as a result of attending this RSS? _____	
This presentation was free from commercial bias. If a conflict of interest was noted, please specify.	Agree <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Disagree
Issues in cultural/linguistic competency were adequately addressed in this activity (e.g. difference in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural data).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resources on cultural and linguistic competency are available on the OCME web site at http://cme.ucdavis.edu under AB1195. How can we further meet your educational needs in this area? _____	
What are your needs for future educational interventions/activities? _____	
Additional comments: _____	