

University of Pittsburgh School of Medicine  
Center for Continuing Education In the Health Sciences  
Formal Course Evaluation  
Course Name: Let's Talk – Child Passenger Safety  
Course Date: February 4, 2015

**PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS**

**CME/CEU Credits for Teleconferences**

**Special instructions for filling out and returning the evaluation forms:**

1. Be sure to print all information **clearly**.
2. In order to get CME/CEU credit from the University of Pittsburgh, you **MUST** fill in your name, degree, and the last 5 digits of your social security number at the bottom of this page and return with the evaluation form.
3. Please follow the instructions for answering the questions on the evaluation form. Fill in the circle completely. A “✓” or an “x” **will not be recognized by the form scanner at the University of Pittsburgh**. You may use a pen or a pencil.
4. **ALL EVALUATIONS MUST BE RECEIVED NO LATER THAN TWO (2) WEEKS FROM THE DATE OF THE TELECONFERENCE. ANY RECEIVED AFTER THAT TIME WILL NOT BE ELIGIBLE FOR CREDIT.**
5. **Mail completed forms to:**  
PA Chapter, American Academy of Pediatrics  
Rose Tree Corporate Center II, Suite 3007  
1400 N. Providence Rd, Media, PA 19063  
Attn: Angela Osterhuber

Thank you.

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PLEASE COMPLETE THIS SECTION AND RETURN WITH YOUR EVALUATION FORM

Your Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Social Security # (last 5 digits only) as required by the University of Pittsburgh:

XXX- X\_\_\_\_ - \_\_\_\_\_

Practice Name:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

**Course Evaluation**  
**PA Chapter American Academy of Pediatrics**

Please print clearly.

NAME: \_\_\_\_\_

**Course ID:** 299

**Date of Activity:** February 4, 2015

**Course Title:** Pediatrician and Parent Child Passenger  
 Safety Knowledge and Practices Following  
 Revised Policy from the AAP

**Location:** Webinar/Teleconference

- I request PA Keys to Professional Development Credit PA Keys Registry ID number \_\_\_\_ \_
- I request Act 48 Credits Professional Personnel ID Number (PPID) \_\_\_\_\_

I am an MD/DO:

Yes  
 No

**Very Low      Low      Moderate      High      Very High**

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. To what extent were you satisfied with the overall quality of the educational activity?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. To what extent was the content of the program relevant to your practice?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. To what extent will you make a change in your practice as a result of participation in this activity?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. To what extent did the activity present scientifically rigorous, unbiased and balanced information?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. To what extent were the speakers' presentations free of commercial bias?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. As a result of participation in this activity, I am able to <b><u>understand the science supporting the 2011 American Academy of Pediatrics CPS recommendations.</u></b> (how will this improve my clinical competence)<br><br>I will _____.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. As a result of participation in this activity, I am able to <b><u>describe pediatrician self-reported knowledge, attitudes, and behaviors surrounding the revised AAP child passenger safety recommendations.</u></b> (how did this increase my knowledge)<br><br>I will _____. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. As a result of participation in this activity, I am able to <b><u>understand contemporary parental behaviors surrounding CPS since the release of the revised AAP CPS recommendations.</u></b> (how will this improve my practice behavior)<br><br>I will _____.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |