

UC Davis/CME Videoconference Distance Education (DE) Remote Site Coordinator's Packet Group Registrations

Enclosed:

1. Remote Site Coordinator's instructions cover sheet
2. Course Announcement
3. Disclosure
4. Sign in Sheets
5. Evaluation (page 1 of 2)
6. Evaluation (page 2 of 2 - grant requirement)
7. New/update participant information sheet

Complete Packet - Mail or fax back to Gwenn Welsch, OCME, DE Coordinator:

1. Sign in sheets – **your site's name MUST be on this form!**
2. Evaluation forms (both pages)
3. New/update participant information sheet

CME credit:

1. Completed packets either mailed or faxed will be give to CME DE coordinator
2. UCD CME office will enter participants into our database
3. Complementary annual transcripts will be mailed out January 2009
4. Contact Gwenn Welsch if you have any CME questions

Gwenn V. Welsch
Office of Continuing Medical Education, Distance Education and Webmaster
UC Davis Health System
3560 Business Drive, Suite 130, Sacramento, California 95820
Phone:(916) 734-5773
FAX: (916) 734-0776
e-mail: gwenn.welsch@ucdmc.ucdavis.edu
<http://cme.ucdavis.edu>

“YOU ASKED FOR IT”

REGULARLY SCHEDULED SERIES (GRAND ROUNDS)

“YAFI” Guest Speaker:

Stephen A. McCurdy, M.D. MPH

Professor and Director
UCD MPH Program

Department of Public Health Sciences,
Division of Environmental and Occupational Health
Western Center for Agricultural Health & Safety
UC Davis School of Medicine

Pesticides & Health Series I
A Practical Approach to Acute Pesticide Illness
January 15, 2008 event
archived on UCD/CME Website

February 19, 2008 (12-1pm PST)

Pesticides & Health Series II

"A Practical Approach to Pesticide Illness:
Chronic Neurologic Effects"

July 15, 2008 (12-1pm PST)

Pesticides & Health Series III

August 19, 2008 (12-1pm PST)

Pesticides & Health Series IV

Consistent with UC Davis Health System policy, faculty are expected to disclose any economic or other personal interests that creates or may be perceived as creating, a conflict of interest **related to the material being presented or discussed**. If such a conflict exists, the speaker shall demonstrate resolution of these affiliations prior to the presentation. A complete disclosure statement will be displayed at the registration desk, for your review, and a verbal disclosure will be given by the speaker at the beginning of the presentation.

Check our Web site: <http://cme.ucdavis.edu/>

Sponsored by: UC Davis Health System Office of Continuing Medical Education

FREE CME EVENTS

3rd Tuesday each month

Live Videoconference 12-1pm PST

MUST PRE-REGISTER FOR LIVE CME EVENT

Contact numbers for Live event:

For Registration and System Requirements or
Problems day of event:

Rikki Roehrich (916) 734-3182 or cell: (916) 496-0579

CME questions:

Gwenn Welsch (916) 734-5773 or (916) 734-5390

Email – gwelsch@ucdavis.edu

Web site for archived event:

UCD CHTWebcast

You will need to create login and password

<http://chtwebcast.ucdmc.ucdavis.edu>

ACCREDITATION:

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 of 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 1.0 **AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Psychologist Credit: This educational activity is recognized by the California Board of Psychology as meeting the continuing education requirements toward license renewal for California psychologists.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that AMA PRA Category 1 Credits[™] are acceptable for continuing medical education requirements for recertification.

Registered Nurse: The California Board of Registered Nursing accepts AMA PRA Category 1 Credits[™] toward license renewal. On the BRN license renewal form, report the number of hours you attended (up to 1.0 hours of credit) and fill in “CME Category 1” for the provider number.



Disclosure Statement

Disclosure of Faculty Relationships: As a sponsor accredited by the Accreditation Council for Continuing Medical Education, UC Davis Health System Continuing Medical Education must ensure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty participating in a sponsored activity are expected to disclose to the activity audience 1) any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and 2) any commercial supporters of the activity (significant financial interest or other relationship can include grants or research support, employee, consultant, stock holder, member of speakers bureau, etc.). The intent of this disclosure is not to prevent speakers with significant financial or other relationships from making presentations, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speakers' interests or relationships may influence the presentation with regard to exposition or conclusion.

The following have indicated no financial interest/affiliation that may affect presentations:

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The following have indicated financial interest or affiliation:

Name:

Interest/affiliation:

Company:



VIDEOCONFERENCE GRAND ROUNDS / SIGN-IN SHEET

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 person authorized to receive it in the conduct of medical staff affairs.

Department: "You Asked for It" Grand Rounds

Teleconference Spoke Site: _____

Title of Talk: **Pesticides & Health Series**

Course Objectives: The purpose of this module is to provide primary care providers, through real case presentations, a practical approach for addressing pesticide exposures and illnesses. The overwhelming majority of pesticide-related cases can be handled in primary care settings with simple diagnostic and supportive measures and without the need for hospitalization or specialists.

Speaker(s): **Stephen A. McCurdy, M.D. MPH**

Date & Time: **February 19, 2008**

Total Hours: **1.0 hours**

Name (First Last, degree) Print clearly	MD DO	RN PA NP	Other	Last 4 digits of SS#	Signature
(sample) John Doe, MD	X			XXX - XX - 1234	<i>John Doe, MD</i>
1				XXX - XX -	
2				XXX - XX -	
3				XXX - XX -	
4				XXX - XX -	
5				XXX - XX -	
6				XXX - XX -	
7				XXX - XX -	
8				XXX - XX -	
9				XXX - XX -	
10				XXX - XX -	
11				XXX - XX -	
12				XXX - XX -	
13				XXX - XX -	
14				XXX - XX -	
15				XXX - XX -	
16				XXX - XX -	
17				XXX - XX -	
18				XXX - XX -	
19				XXX - XX -	
20				XXX - XX -	
21				XXX - XX -	
22				XXX - XX -	
23				XXX - XX -	

Spoke Site CME coordinator: _____ Phone: _____

Email: _____

RETURN ORIGINAL SIGN-IN SHEET & EVALUATIONS TO: **Gwenn Welsch - Distance Education**

Continuing Medical Education

3560 Business Drive, Suite 130, Sacramento, CA 95820

Phone (916) 734-5773 Fax (916) 734-0776

A Clinical Approach to Pesticide Education (CAPE)
Pesticides & Health Series – **Evaluation (page 2 of 2)**

Session / Module 2 Date: February 19, 2008 Presenter: Stephen A. McCurdy, M.D. MPH
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Name of your Site/group: _____

After the presentation, please rate your knowledge level about the following:

Assessment of risk	Excellent	Very Good	Good	Fair	Poor
Factors contributing to risk	1	2	3	4	5
Recognition of an event					
Factors affecting an outbreak	1	2	3	4	5
Roles of providers with public health	1	2	3	4	5
Immediate care needs					
Signs and symptoms	1	2	3	4	5
Treatment	1	2	3	4	5
Public health and clinic response	1	2	3	4	5
Personnel protection	1	2	3	4	5
Alerting authorities					
Provider and public health roles	1	2	3	4	5
Participation in coordinated response					
Provider response	1	2	3	4	5
Resources	1	2	3	4	5

Please rate the following aspects of the presentation:

	Excellent	Very Good	Good	Fair	Poor
Met educational objectives	1	2	3	4	5
Information relevance	1	2	3	4	5
Speaker	1	2	3	4	5
Overall quality of program	1	2	3	4	5

How will you incorporate what you have learned in this course into your patient care?

Comments:



UC Davis Health System
Office of Continuing Medical Education (OCME), **Grand Rounds Division**
3560 Business Drive, Suite 130, Sacramento, CA 95820
(916) 734-5390 phone (916) 734-0776 fax

This form is for Regularly Scheduled Series (RSS = Grand Rounds) or Videoconferences.

REGISTRATION FORM

THIS IS A ONE-TIME REGISTRATION FORM. PLEASE COMPLETE IT AGAIN ONLY IF YOUR ADDRESS OR OTHER INFORMATION HAS CHANGED. Send completed form to OCME.

NAME: _____ Last 4 digits of your SSN#: _____

(For transcript purposes)

MAILING ADDRESS: _____

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

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DEPT/DIV: _____

Email address: _____

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 PA RD Other _____

MD or DO need specialty
Specialty : _____

Medical Student Resident Fellow



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MD or DO need specialty
Specialty : _____

Medical Student Resident Fellow