



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

SELF STUDY MODULES Registration and Evaluation Form

Fax completed form to: (916) 734- 0776

CME Self Study Module: _____

Date Created: _____ OCME Course Code: _____

DATE VIEWED EVENT: _____ **Please fill-out the yellow shaded areas prior to printing form.**

Name (First Last): _____ **Degree:** _____

Occupation: Physician - specialty _____ **Social Security # XXX – XX -** _____

Other: _____ **(Last 4 digits – for transcript purposes only)**

Mailing Address: Agency (Optional) _____

Street: _____

Suite/Apt _____

City: _____

State/Providence: _____ **USA (or Other** _____ **) Zip/Postal Code:** _____

Day time phone number: () _____ - _____

Email (Optional) _____

I have reviewed the CME Disclosure Statement YES NO

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 enduring material for a maximum of _____AMA PRA Category 1 Credit(s)TM of the Physician’s Recognition Award of the American Medical Association. Physicians must complete the entire course to qualify for credit; there is no “partial credit” allowed for this study. This program is accredited for a two year period from the original release date of _____.

Physician Assistant: The National Commission on Certification of Physician Assistants (NCCPA) states that AMA accredited Category 1 courses are acceptable for continuing medical education requirements for recertification.

Registered Nurse: The California Board of Registered Nursing accepts CME Category 1 credit toward license renewal. On the BRN license renewal form, report the number of hour(s) you attended and fill in “CME Category 1 Credit”. Credit for this event is up to _____ hour(s) of credit.

Please not that all pertinent information for this program is located for review at OCME, 3560 Business Drive, Suite 130, Sacramento, CA 95820.

EVALUATION: (Check your answer, 5=strongly agree 1=strongly disagree)

This course was presented in a way that facilitated learning	5	4	3	2	1
This course was practical and included useful information	5	4	3	2	1
I achieved the objective(s) for this course	5	4	3	2	1
I found this course to be free from bias	5	4	3	2	1

What information or techniques did you acquire that you plan to use in your practice?

Other Topics that you would like to learn more about, please list:

Thank you for completing this form. If you have questions, please call 916-734-5390.

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:

The following have not indicated financial interest/affiliation that may affect presentations, but will give their disclosure at the beginning of their presentation(s).

The following have indicated financial interest or affiliation:

Name:

Interest/affiliation:

Company: