

UC DAVIS HEALTH SYSTEM
Continuing Medical Education Online
Program Registration and Evaluation

Please fill-out the yellow shaded areas prior to printing form.

Name:

Social Security #:

(Last 4 digits - For Transcript Purposes Only)

Mailing Address:

(Address where you would like your certificate mailed)

City:

State:

Zip:

Phone #:

Email:

Occupation:

Speciality:

Name of Program:

Date Program was released - September 15, 2005

Date Viewed:

Course Objectives:

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 sponsor continuing medical education (CME) for physicians. Continuing Medical Education at the University of California, Davis, Health System designates this CME activity for 1 hour in Category 1 credit of the Physician's Recognition award of the AMA and Certification Program of the California Medical Association.

Note: This CME activity was planned & produced in accordance with the ACCME essentials for enduring materials.

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 September 15, 2005. Length of recorded time 1hour 22 minutes.

Please note that all pertinent information for this program is located for review at the Continuing Medical Education Office, 3560 Business Drive, Suite 130, Sacramento, California 95820.

EVALUATION:

(1=low, 5=high)

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

(Please fill-out remaining portion after you have printed)

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:

RETURN ORIGINAL FORM TO: Continuing Medical Education,
3560 Business Drive, Suite 130, Sacramento, CA 95820
Phone (916) 734-5390 Fax (916) 736-0188

ATTENTION: Gwenn Welsch - Distance Education

Enjoy the Program.

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: