## The Ochsner Journal CME CREDIT APPLICATION FORM

Name:	
Business Address:	
City:	
	Zip:
	Fax Number:
Hospital Affiliation:	
•	Foundation, 1514 Jefferson Highway. New Orleans, LA 70121  OF ATTENDANCE
Please indicate the actual time spent reading and hour(s) and minutes.	completing this education activity.
The maximum number of credit hours awarded for	r this activity is 5 hours.
The maximum number of credit hours awarded for	r this activity is 5 hours.  Date
Signature	<u> </u>
Signature	Date
Signature	Date  LUATION  ings. Please take the time to respond and return the evaluation. Than  6. The content of the journal articles met my personal expecta and needs.  SA A U D SD
Signature  EVA  sponse to these questions helps us to enhance our CME offent  e use the following codes to answer items 1-7.  SA – Strongly Agree  A – Agree  U – Undecided  D – Disagree  SD – Strongly Disagree  e objectives of the CME activity were clearly stated.  SA A U D SD  e content of the journal articles was up-to-date.  SA A U D SD	Date  ALUATION  ings. Please take the time to respond and return the evaluation. Than  6. The content of the journal articles met my personal expecta and needs.  SA A U D SD  7. I will apply the information learned from these journal article my clinical practice.
Signature  EVA  sponse to these questions helps us to enhance our CME offers  e use the following codes to answer items 1-7.  SA – Strongly Agree  A – Agree  U – Undecided  D – Disagree  SD – Strongly Disagree  e objectives of the CME activity were clearly stated.  SA A U D SD  e content of the journal articles was up-to-date.	Date  LUATION  ings. Please take the time to respond and return the evaluation. Than  6. The content of the journal articles met my personal expects and needs.  SA A U D SD  7. I will apply the information learned from these journal article my clinical practice.  SA A U D SD  Do you have any suggestions as to how to improve the contents.



SA A U D SD