

The Ochsner Journal

CME CREDIT APPLICATION FORM

MD DO Other (specify) _____

Name: _____

Business Address: _____

City: _____

County: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax Number: _____

Email address: _____

Hospital Affiliation: _____

Social Security Number: _____

The Ochsner Clinic Foundation is required to file information for record keeping regarding awarding of CME credits. Please send your completed CME credit application form, test questionnaire, and evaluation form to: Continuing Medical Education, Ochsner Clinic Foundation, 1514 Jefferson Highway, New Orleans, LA 70121

VERIFICATION OF ATTENDANCE

Please indicate the actual time spent reading and completing this education activity.

_____ hour(s) and _____ minutes.

The maximum number of credit hours awarded for this activity is 5 hours.

Signature Date

EVALUATION

Your response to these questions helps us to enhance our CME offerings. Please take the time to respond and return the evaluation. Thank you.

Please use the following codes to answer items 1-7.

- SA** – Strongly Agree
- A** – Agree
- U** – Undecided
- D** – Disagree
- SD** – Strongly Disagree

1. The objectives of the CME activity were clearly stated.
SA A U D SD
2. The content of the journal articles was up-to-date.
SA A U D SD
3. The journal articles illustrated independence, objectivity, balance, and scientific rigor.
SA A U D SD
4. The content was closely related to objectives of my clinical practice and/or teaching.
SA A U D SD
5. The journal articles increased my knowledge of the subject.
SA A U D SD

6. The content of the journal articles met my personal expectation and needs.

SA A U D SD

7. I will apply the information learned from these journal articles in my clinical practice.

SA A U D SD

Do you have any suggestions as to how to improve the content of the journal articles?

What topics would you like to see in future journal articles?

Thank you for completing this evaluation and survey.

