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PLEASE DO NOT USE A FAX COVER PAGE

ATTN: Alma Krcic

Date: _____

No. of Pages: _____

ATTENDANCE VERIFICATION

Long-Acting Reversible Contraception (LARC): Effective Methods for Adolescents

December 14, 2010

1.5 AMA PRA Category 1 Credit(s)TM

1.5 Nursing Contact Hour(s)

Instructions: To receive a CME or CNE certificate, complete this form, the demographic and program evaluation forms. Submit them together by fax to Alma Krcic at 212-629-3321 by Wednesday, December 29, 2010. These forms must be received together in order to receive a certificate. Respondent's information will be held confidential.

TITLE/DEGREE: MD DO NP PA RN RT

OTHER _____

THE ADDRESS PROVIDED BELOW IS MY HOME WORK ADDRESS:

 First Name Last Name

 Agency Name (if applicable)

 Address City, State, & Zip

 Email Address Telephone Number

Physicians should only claim credit commensurate with the extent of their participation in the activity.

Scheduled Hour(s)	12:30 - 2:00 pm
Maximum Credit Hour(s)	1.5
Actual Hour(s) of Attendance	

What type of credit are you requesting? Please check ONLY one:	
<input type="checkbox"/> CME Certificate	<input type="checkbox"/> CNE Certificate
<input type="checkbox"/> Certificate of Attendance	

Program ID: 14875

Cicatelli Associates Inc.

Anonymous Participant Demographic Form



To target our services better, we are asking all of our participants to complete the following information.

Gender Female Transgender
 Male Intersex

Age

Are you of Hispanic, Latino, or Spanish origin?
 Yes No

Race (select all that apply)
 American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White
 Other: _____

Highest level of formal education
 Less than High School Diploma Bachelor's Degree
 High School Diploma/GED Master's Degree
 Some College Doctoral Degree
 Associate's Degree

Advanced degrees and certifications (select all that apply)
 MD/DO CNA RD MPH
 PA LPN/LVN CHES MSc
 DDS RN CASAC MA
 OD NP LCSW MS
 PhD CNM LPC Other (fill in below)
 JD CNS LMHC
 CPA ACRN MSW

Primary functional role(s) (select all that apply)

<input type="radio"/> Accounting	<input type="radio"/> Medical Director
<input type="radio"/> Administrator/Supervisor	<input type="radio"/> Nutritionist
<input type="radio"/> Board Member	<input type="radio"/> Outreach Worker
<input type="radio"/> Care Provider/Clinician	<input type="radio"/> Patient Advocate/Navigator
<input type="radio"/> Case Mgmt. Technician	<input type="radio"/> Peer Educator/Advocate
<input type="radio"/> Case Manager	<input type="radio"/> Program Director
<input type="radio"/> Childcare Worker	<input type="radio"/> Program Manager/Coord.
<input type="radio"/> Clergy/Spiritual Leader	<input type="radio"/> Psychiatrist
<input type="radio"/> Community Follow-Up Worker	<input type="radio"/> Psychologist
<input type="radio"/> Counselor/Therapist	<input type="radio"/> Social Worker
<input type="radio"/> Data Manager	<input type="radio"/> Student/Graduate Student
<input type="radio"/> Epidemiologist	<input type="radio"/> Trainer/Teacher/Faculty
<input type="radio"/> Financial Manager	<input type="radio"/> Volunteer
<input type="radio"/> Health Educator	<input type="radio"/> Not Working/Not Employed
<input type="radio"/> Medical Assistant	<input type="radio"/> Other

How long have you been in your primary functional role? years

Area(s) of specialization (select all that apply)

<input type="radio"/> Adolescent Health	<input type="radio"/> Pediatrics
<input type="radio"/> CAM	<input type="radio"/> Prenatal Care/OB/Gyn
<input type="radio"/> Criminal Justice	<input type="radio"/> Primary Care
<input type="radio"/> Early Childhood	<input type="radio"/> Reproductive Health
<input type="radio"/> Education	<input type="radio"/> Research
<input type="radio"/> HIV/AIDS	<input type="radio"/> STIs/STDs
<input type="radio"/> Information Systems	<input type="radio"/> Substance Abuse
<input type="radio"/> International Health	<input type="radio"/> Tobacco Control
<input type="radio"/> Mental Health	<input type="radio"/> Violence Prevention
<input type="radio"/> Nutrition/Obesity	<input type="radio"/> Other
<input type="radio"/> Oncology/Cancer	

How long have you been in your primary area of specialization? years

Principal employment setting (select all that apply)

<input type="radio"/> Adolescent Health Center	<input type="radio"/> EMS/Police/Fire	<input type="radio"/> Homeless Shelter	<input type="radio"/> School/Educational Institution
<input type="radio"/> CBO/Community Agency	<input type="radio"/> Faith-Based Org.	<input type="radio"/> Hospice/Palliative Care	<input type="radio"/> State/Local Health Dept.
<input type="radio"/> Child Welfare Services/Foster Care	<input type="radio"/> Family Planning Agency	<input type="radio"/> Hospital or Hospital-Based Clinic	<input type="radio"/> STD Clinic
<input type="radio"/> Community/Migrant Health Ctr.	<input type="radio"/> HIV/AIDS Service Org.	<input type="radio"/> Long-Term Care Facility	<input type="radio"/> Substance Abuse Treatment Prg
<input type="radio"/> Correctional Facility	<input type="radio"/> HMO/Managed Care Org.	<input type="radio"/> Mental Health Facility	<input type="radio"/> Tribal/Indian Health Center
<input type="radio"/> Domestic Violence/Rape Crisis Ctr.	<input type="radio"/> Home Care	<input type="radio"/> Private Practice	<input type="radio"/> Other
<input type="radio"/> Early Childhood Facility			

Zip-code of your principal employment setting

Location of your principal employment setting
 Urban Suburban Rural Indian Reservation





PROGRAM EVALUATION

Program Title: Long-Acting Reversible Contraception (LARC): Effective Methods for Adolescents

Date: December 14, 2010

Program ID: 14875

PLEASE RATE THE PRESENTATION ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST):

Circle your answers

1.	To what extent did the presentation meets its stated objectives:	Poor	Fair	Good	Very Good	Excellent
a.	Discuss need for effective contraception in adolescent patients	1	2	3	4	5
b.	Describe the mechanisms of action, safety, and efficacy of long-acting reversible contraception (LARC)	1	2	3	4	5
c.	Counsel adolescent patients effectively about long-acting reversible methods of contraception	1	2	3	4	5
d.	Manage common complications of long-acting methods in adolescent patients	1	2	3	4	5
2.	To what extent did the objectives relate to the overall purpose?	1	2	3	4	5
3.	Your satisfaction with your level of participation during the presentation.	1	2	3	4	5
4.	Usefulness of the instructional materials.	1	2	3	4	5
5.	Degree to which this was a good learning experience.	1	2	3	4	5
6.	Overall satisfaction with the presentation.	1	2	3	4	5

PLEASE RESPOND TO THE FOLLOWING (print your answers):

7. The most useful part of the presentation was:

8. The least useful part of the presentation was:

9. As a result of attending this presentation, I plan to:

10. The mix of theory and skill practice at this presentation was:

too much theory

too much practice

a good mix of both

PLEASE RATE THE FACILITATOR(S) ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST):

Circle your answer for each facilitator on the line indicated.

11. I felt the facilitator(s):	Name	Disagree					Agree
a. Knew the subject matter thoroughly.	<u>Elizabeth Lorde-Rollins, MD</u>	1	2	3	4	5	
b. Presented the information clearly.	<u>Elizabeth Lorde-Rollins, MD</u>	1	2	3	4	5	
c. Provided opportunities for participation.	<u>Elizabeth Lorde-Rollins, MD</u>	1	2	3	4	5	
d. Provided opportunities for questions.	<u>Elizabeth Lorde-Rollins, MD</u>	1	2	3	4	5	
e. Was able to hold my attention.	<u>Elizabeth Lorde-Rollins, MD</u>	1	2	3	4	5	
f. Extent to which the teaching methods were effective.	<u>Elizabeth Lorde-Rollins, MD</u>	1	2	3	4	5	

12. What changes would you recommend for improving this presentation?

13. What additional presentations would you like to attend in the future?

14. Please rate your experience using this web-based training forum by visiting www.cicatelli.org/evals. Thank you.

15. Additional comments:

IF YOU ARE REQUESTING A CNE OR CME CERTIFICATE, PLEASE RESPOND TO THE FOLLOWING:

1. What is your medical profession?

- MD DO APN/NP PA
 RN PhD Other (please specify) _____

2. Continuing Education presentations "must be free of commercial bias for or against any product." In your opinion, was this program fair, balanced and free of commercial bias? Yes No

3. What percentage of the material presented is new to you?

- 0% 20% 40% 60% 80% 100%

4. After attending this presentation, will you make any changes to your practice? Yes No

5. If yes, explain how:

6. If no, list the barriers that affect change in your practice:

Thank you for completing the Program Evaluation.