



**New York State Cessation Center Collaborative Statewide Conference Call
Evaluation**

**The Role of Mental Health Professionals in Treating Tobacco Use and Dependence
February 1, 2012**

Instructions: To obtain continuing education credit or a certificate of attendance, complete this Evaluation and Continuing Education Credit Claim form.

**Submit both forms by FAX to North Country Tobacco Cessation Center,
Attn: Glenn Pareira, III at 518-891-6159
within seven days of the call.**

Respondent's information will be held confidential.

Certificates will be mailed within 6-8 weeks of the call date.

- 1) Describe the epidemiology of tobacco use and dependence in people with serious mental illness (SMI)
- 2) Describe the NYS Partnership, the goals to reduce tobacco use in people with SMI and strategies utilized to achieve this goal.
- 3) Discuss specific evidence based interventions of assessment and treatment of tobacco dependence for people with SMI: pharmacotherapy and counseling.
- 4) Discuss the importance of wellness and tobacco dependence treatment to a person's mental health recovery.
- 5) Describe how wellness and tobacco dependence treatment services are part of mental health treatment, specifically Personalized Recovery Oriented Services (PROS).

Program objective(s): Upon completion of this program, participants will:

Please rate the following using a scale of 1 to 4, with 1 representing poor and 4 representing excellent

1. Content of the presentation:	
2. Program accomplished the stated objectives:	
3. Teaching methods and aids were appropriate and used effectively:	
4. Overall quality of the program:	
5. The program provided me with new information and knowledge that may be pertinent to your practice and patient care:	
6. The teaching effectiveness of the presenter: Gregory Miller, MD, MBA	
7. The teaching effectiveness of the presenter: Terry Armon, RN, MS, PMHNP-BC	
8. The teaching effectiveness of the presenter: David Bucciferro	

9. What percentage of information was new to you? Please circle:

0-20% 21-40% 41-60% 61-80% 81-100%

10. As a result of attending this presentation, I intend to: _____

11. Continuing education presentations must be "free of commercial bias for or against" any product. Was this program fair, balanced, and free of commercial bias? Yes ___ No ___
If no, describe bias: _____

12. The provider of the activity has disclosed in writing or verbally the conflict of interest, or lack thereof, declared by the planners and presenters/content specialists. Yes ___ No ___

13 . Suggestions for future topics/improvements: _____

124 Name: _____ **(mandatory for course credit)**



APFME Office of Continuing Medical Education
 School of Medicine & Biomedical Sciences
 University at Buffalo
CME/COURSE CREDIT CLAIM FORM



Please print legibly

**TITLE: The Role of Mental Health Professionals in Treating Tobacco Use and Dependence
 February 1, 2012**

CME Course # 008

XXX- XX- (Last four digits of Social Security Number or
 other CME ID number (registered with UB CME Office))

Please circle one: MD, DO, PA, NP, CASAC, RT, LPN, RN, MSW/LSW, Mental Health Professional,
 Other (please describe): _____

 Last Name First Name

 Street Address (where you wish certificate to be mailed to)

 City State Zip Code

 Email

**Please indicate the number of hours you attended EACH session, enter the TOTAL in the box (lower right)
 and submit this form before you leave.**

Scheduled Hours	Maximum Credit Hours	Actual Hours of Attendance
12 noon – 1:30pm	1.5	

Each physician/practitioner should claim only the actual time spent in each session 1.5 hrs. total for this program. (signature required)	TOTAL TIME SPENT
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Please check ONLY one:

- _____ CME credit
- _____ OASAS Education and training clock hours
- _____ Certificate of completion
- _____ CRCE: Please provide AARC membership number: # _____

Please return this completed form and evaluation (by **February 8, 2012**) to receive credit for this program.
FAX to Glenn Pareira, III at 518-891-6159. Respondents information will be held confidential, to be forwarded
 only to the accrediting agency for CME/Continuing Education Credit. Thank you.