



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

**A Real World Approach to Treating Tobacco Use in Mental Health Settings**  
February 8, 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.

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

- 1) Discuss a wellness-based group treatment approach that facilitates the adoption of a tobacco free lifestyle for mental health consumers with different levels of motivation.
- 2) Identify challenges for group leaders in presenting information to mental health consumers.
- 3) Describe the use and benefits of a valuable motivational tool – the carbon monoxide (CO) meter.
- 4) Become better familiar with strategies for teaching smokers with mental illness about the consequences of smoking.

**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: Jill Williams, MD	

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

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

8. As a result of attending this presentation, I intend to: \_\_\_\_\_  
\_\_\_\_\_

9. 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: \_\_\_\_\_

10. 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 \_\_\_

11. Suggestions for future topics/improvements: \_\_\_\_\_

12. 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: A Real World Approach to Treating Tobacco Use in Mental Health Settings**  
**CME Course # 008**

**February 8, 2012**

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
9:30AM – 11:30AM	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
--	------------------------

**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 15, 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.