



New York State Cessation Center Collaborative Statewide Conference Call Evaluation

“The Affordable Care Act, Meaningful Use and Treating Tobacco Use”

May 1, 2013

Evaluation also available at: <https://www.surveymonkey.com/s/TCNYConfCall>

Instructions: To obtain a completion of attendance certificate, complete this Evaluation and Certificate 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 the smoking cessation coverage options under the Affordable Care Act.
2. Explain Meaningful Use stages and their impact on tobacco use treatment.
3. Examine the challenges and solutions associated with satisfying Meaningful Use cessation measures

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

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|--|--|
| 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: Sara Bodnar, MPH | |

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)**

Completion of Attendance Certificate Claim Form

Please print legibly

TITLE: **“The Affordable Care Act, Meaningful Use and Treating Tobacco Use”**

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 pm | 1.0 | |

| | |
|--|------------------------|
| Each physician/practitioner should claim only the actual time spent in each session 1.0 hrs. total for this program. (signature required) | TOTAL TIME SPENT |
|--|------------------------|

Please return this completed form and evaluation (**by May 8, 2013**) to receive a certificate for this program.
FAX to Glenn Pareira, III at 518-891-6159. Respondents' information will be held confidential. Thank you!