



New York State Tobacco Cessation Center Collaborative Statewide Conference Call Evaluation

March 14, 2014

12:00 Noon – 1:00 PM

Electronic Cigarettes – Posing New Challenges for Clinicians

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:

1. Describe the various types and components of electronic cigarettes (e-cigarettes).
2. Describe the current evidence for the clinical use of e-cigarettes among tobacco users.
3. Respond to clinical inquiries regarding e-cigarettes from patients and colleagues.

Please rate the following: use 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: Jonathan Foulds, PhD | |

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: _____

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: "Electronic Cigarettes – Posing New Challenges for Clinicians"

Date: May 14, 2014

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, RPA-C, 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 |
|--------------------|-------------------------|-------------------------------|
| 12:00 pm – 1:00 PM | 1.0 | |

| | |
|---|---------------------------------|
| Each physician/practitioner should claim only the actual time spent in each session 1.0 hours 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 May 21, 2014**) 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.