



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

Drug Interactions with Smoke and Smoking Cessation Medications

September 12, 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) Review pharmacokinetic principles – what is the disposition of a medication once ingested?
- 2) Highlight the role of the drug cytochrome P450 system as a particular site for many important drug interactions.
- 3) Case based discussion of common interactions – drug-drug (SCT) and drug-smoke.

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: Paul Oh, MD, MSc, FRCPC, FACP | |

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: **Drug Interactions with Smoke and Smoking Cessation Medications**
September 12, 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 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 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 Sept. 19, 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.