

# Health Systems for a Tobacco-Free New York Statewide Collaborative Conference Call Evaluation

**October 21<sup>st</sup>, 2015**

**12:00 Noon – 1:00 PM (EST)**

## **The Quiet Revolution in Tobacco Treatment for Psychiatric Patients**

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

**Submit both forms by FAX to Central NY Regional Center for Tobacco Health Systems,  
Attn: Beth Gero, Ph.D., CTTS at (315) 458-5715  
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 factors contributing to the high rates of tobacco prevalence among people with mental illness.
2. Describe how tobacco treatment and clinical systems should be tailored to best serve people with mental illness.
3. Describe how new CMS reporting rules are revolutionizing treatment of psychiatric inpatients.

**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: <i>Dr. Kimber Richter</i>	

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)**

Office of Alcoholism and Substance Abuse Services  
Division of Quality Assurance and Performance Improvement  
Bureau of Workforce Development and Fiscal Evaluation  
CASAC, CPP, CPS/Course Credit Claim Form

*Please print legibly*

**TITLE:** The Quiet Revolution in Tobacco Treatment for Psychiatric Patients

**Date:** October 21, 2015

**CME Course #:** 0886

XXX- XX-  (Last four digits of Social Security Number or  
CASAC, CPP, or CPS ID number (registered with OASAS))

**Please circle one:** MD, DO, RPA-C, NP, CASAC, CPP, CPS, 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, 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 – 1:00 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
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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 October 31, 2015**) to receive credit for this program.  
**FAX to Beth Gero, PhD: (315) 458-5715.** Respondents information will be held confidential, to be forwarded  
only to the accrediting agency for CME/Continuing Education Credit. Thank you.