



New York State Cessation Center Collaborative Statewide Conference Call Evaluation

November 6, 2013

12:00 Noon – 1:00 PM

Population-level Strategies to Prevent and Reduce Tobacco Use – Success and Challenge

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. Review best practices for broad-based prevention and promotion of tobacco use cessation.
2. Discuss current and historical view of cigarette use in NYS focusing on the promise of generational change.
3. Describe use of other tobacco products by youth.
4. Explain the need for aggressive tobacco dependence treatment in the health care setting

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: Harlan Juster, Ph.D.	

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: "Population-level Strategies to Prevent and Reduce Tobacco Use - Success and Challenge"

Date: November 6, 2013

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 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 November 13, 2013**) 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.