New York State Cessation Center Collaborative Statewide Conference Call Evaluation

Smoking and Mental Illness – Break the Connection: What Every Prescriber Needs to Know!
November 29, 2012

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

Submit <u>both</u> 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) Describe the prevalence and reasons for tobacco use among people with serious mental illness (SMI).
2) Explain the neurobiology of nicotine dependence among people with SMI.
3) Examine psychiatric medications that are impacted by smoking.
4) Review the tobacco dependence treatment medications available to help clients deal with cravings and withdrawal.
5) Discuss reasons that psychiatrists and psychiatric prescribers are best prepared to assist their clients with tobacco dependence.

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: Gregory A. Miller, MD, MBA	
6a. The teaching effectiveness of the presenter: Jill M. Williams, MD	

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: **Smoking and Mental Illness – Break the Connection: What Every Prescriber Needs to Know!**
November 29, 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 Dec. 7, 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.