
Hand-In Materials - 10/5/08

**EDUCATIONAL INITIATIVE ON
CONSTIPATION**
FOCUSING ON IBS-C AND CHRONIC CONSTIPATION

**CME Certificate of Participation
and Educational Activity Evaluation**

**The section is to be removed from the syllabus
and handed in at the conclusion of the meeting to
a member of the staff.**

CME

Your CME Certificate of Participation and Educational Activity Evaluation are on the following pages. The Certificate of Participation and the Educational Activity Evaluation must be completely filled out in order for you to receive your Certificate of Participation. Your CME Certificate of Participation will be sent to you within 30 days.

Thank you for your participation in this Educational Activity.



EDUCATIONAL ACTIVITY EVALUATION Cont'd

4. Do you feel the activity was objective, balanced, and free of commercial bias? Yes No
If no, please specify: _____
5. What was the most effective aspect(s) of this activity, and why? _____

6. What was the least effective aspect(s) of this activity? _____

7. This activity should improve my:
- | | Strongly Agree | Somewhat Agree | Neutral | Somewhat Disagree | Strongly Disagree |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical or practice knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care attitudes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Procedural or cognitive skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Practice behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients' clinical outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
8. Compared with other CME activities I attended, this activity was better than average.
- | | Strongly Agree | Somewhat Agree | Neutral | Somewhat Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
9. What topics, if any, still remain unclear for you? _____

10. Suggestions for any specific lectures/topics that you would like covered in future meetings:

11. Additional comments are welcome:

Thank you.

IN ORDER TO RECEIVE **CME** CREDIT FOR THIS ACTIVITY, YOU MUST COMPLETE THE FORM BELOW.

CERTIFICATE OF CONTINUING MEDICAL EDUCATION PARTICIPATION

PROVIDER:

The Johns Hopkins University School of Medicine



<u>EDUCATIONAL ACTIVITY TITLE</u>	<u>DATE(S)</u>	<u>HOURS</u>
EDUCATIONAL INITIATIVE ON CONSTIPATION FOCUSING ON IBS-C AND CHRONIC CONSTIPATION	10/5/08	1.5

Each participant should claim, in the space provided, only those credits that he/she actually spent in the activity.

Hours spent should be entered in 15-minute increments (eg, 1 hour 30 minutes equals 1.5).

I attest that I have spent _____ hours in this activity. (maximum 1.5 hours)

Are you a physician? (Please circle 1) Yes No

PARTICIPANT'S INFORMATION

Name _____

Degree _____ Specialty _____

Title _____

Address _____

City _____ State _____ Zip _____

E-mail _____

(Please provide valid e-mail address for CME certificate processing)

Signature _____

Please fill out the information requested and return this document to the staff at the conclusion of this meeting. Your CME Certificate of Participation will be sent to you approximately 30 days after this event.