



## Speaker CME Credit and Evaluation Form

Name of Approved CME Activity \_\_\_\_\_

Date and Location of Approved CME Activity \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Physicians may claim credit for participating as a speaker in live activities that have been designated for *AMA PRA Category 1 Credit™*. Speakers may claim 2 credits for each 1 hour of participation as a speaker (or a 2:1 ratio for each quarter hour of presentation), as recognition of learning from preparation for the presentation. **Credit may only be claimed once for presentations given multiple times.**

### Evaluation

1. As a result of preparing for this activity, I (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Reinforced my existing knowledge in the topic area           | <input type="checkbox"/> Identified areas for change in my:                             |
| <input type="checkbox"/> Increased my knowledge in the topic area through:            | <input type="checkbox"/> Care for patients (e.g., counseling, testing, treatment, etc.) |
| <input type="checkbox"/> Identifying additional or more current evidence or resources | <input type="checkbox"/> Practice or systems management                                 |
| <input type="checkbox"/> Filling in gaps in existing knowledge base                   | <input type="checkbox"/> Attitudes towards ethical or professional issues               |
| <input type="checkbox"/> Researching a new aspect of the topic                        | <input type="checkbox"/> Public health preparedness                                     |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____  |

Please specify identified changes for each item marked above:

2. Will you implement changes in your practice or profession as a result of this learning?  Yes  No
3. Will you implement changes in how you present this information as a result of this learning?  Yes  No

If you answered yes to either of the above, please specify changes:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### Please complete the attestations below:

I am claiming speaker credit only for my original presentation(s) given for the first time. CME credit has not been claimed previously for this presentation from any organization or other approved activity.

I understand that I cannot claim credit simultaneously for participation as faculty and learner.

Hours I spent as presenter \_\_\_\_\_ x 2 = \_\_\_\_\_ *AMA PRA Category 1 Credit(s)™*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this completed form to the University of Missouri Center for Continuing Medical Education & Physician Lifelong Learning, PCCLC Suite 301, One Hospital Drive DC018.00, Columbia, MO, 65212, together with the following documentation:**

- Copy of the publicity (brochure/email/flyer, etc.) used by the activity sponsor to announce or describe the approved activity which includes the name of the speaker, title of the presentation, accredited CME provider designation statement, and date and location for the presentation for which you are claiming credit.
- Copy of your PowerPoint or handout of your presentation, including the title of your presentation.