

Rheumatoid Arthritis Educational Challenge

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.

**This staple-bound section is to be handed in
at the conclusion of the meeting.**

Please complete and return to the registration desk prior to your final departure. Your comments and suggestions are essential for the planning of future activities.

Please completely darken 1 circle per question. Multiple responses cannot be read.

Were the following activity objectives met?

1. After attending this activity, the participant should be able to:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. IDENTIFY the benefits of an aggressive treatment-to-target strategy in the early management of rheumatoid arthritis (RA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. APPLY appropriate integrated referral and care pathways for multidiscipline management of patients with RA and comorbid conditions, including atypical cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. UTILIZE the risk/benefit profiles and appropriate administration of biologic/tumor necrosis factor (TNF)- α antagonist therapies in the management of patients with RA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. DEMONSTRATE appropriate patient-physician communication skills for discussing the rationale, benefits, and risks of biologic/ TNF- α antagonist therapies in RA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Will you change your practice in any way as a result of attending this course?	Yes	No
	<input type="radio"/>	<input type="radio"/>
If yes, please specify: _____		

3. Please evaluate this activity as a whole:	Excellent	Very Good	Good	Fair	Poor	N/A
Overall evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syllabus materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RHEUMATOID ARTHRITIS

EDUCATIONAL CHALLENGE

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

CERTIFICATE OF CONTINUING MEDICAL EDUCATION PARTICIPATION

PROVIDER:

The University of Kentucky College of Medicine



EDUCATIONAL ACTIVITY TITLE

DATE(S)

HOURS

**Rheumatoid Arthritis
Educational Challenge**

**Baltimore
11/8/08**

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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 4 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 will be sent to you approximately 30 days after this event.