EVALUATION AND CME/CE CREDIT CLAIM FORM
Cardiology Rounds
April 11th, 2019

Instructions
The information you provide on this form is indicative of your participation in this activity. Your responses will only be shared with presenters and planning committee members in aggregate format. Upon completion of the form, please submit the form by or fax it to (775) 327-5112. Only those individuals who complete and return this form will receive credit.

Name: ____________________________

Address: __________________________
City: __________________ State: ______ Zip: _______

Telephone: (____) ______ License Number: ______ Email: __________________________

SIGNATURE AND VERIFICATION OF ATTENDANCE
I attest that I have participated in _________ hours of this educational activity. (MAXIMUM 1 HOUR)

__________________________________________
Signature
__________________________________________
Date

As a result of my participation in this CME activity:

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Unsure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My knowledge increased.  

Please rate your overall satisfaction with this clinic session.

My ability to provide appropriate care to my patients improved.

Information provided.

I will make changes in my practice.

Time for questions/answers.

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. If you plan to make changes in your practice, please identify any barriers that you perceive in implementing these changes (select all that apply).
   - Lack of time to assess patients
   - Lack of time to counsel patients
   - Insurance/Reimbursement issues
   - Other (please describe):
   - Patient compliance issues
   - Lack of consensus on professional guidelines
   - None – I do not plan to make any changes

2. Was the material presented in a manner that was free from commercial bias?
   - Yes
   - No If no, please explain:

3. Please list topics of future interest and additional comments regarding teleECHO clinics:

OCME 01-13