

University of Pittsburgh School of Medicine  
Center for Continuing Education In the Health Sciences  
Course Name: Let's Talk –Medication Administration: Tools and Technical Assistance for  
Child Care Health Consultants and TA Providers  
CME Course Number: 299  
Course Date: October 26, 2011

**PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS  
CME/CEU Credits for Teleconferences**

**Special instructions for filling out and returning the evaluation forms:**

1. Be sure to print all information clearly.
2. In order to get CME/CEU credit from the University of Pittsburgh, you must fill in your name, degree, and the last 5 digits of your social security number at the bottom of the 2<sup>nd</sup> page of the evaluation form.
3. Please follow the instructions for answering the questions on the evaluation form.
4. Fill in the circle completely. A “√” or an “x” will not be recognized by the form scanner. You may use a pen or a pencil.
5. All evaluations must be received no later than two (2) weeks from the date of the teleconference.  
**Any received after that time will not be eligible for CME/CEU credit.**

Mail completed forms to:

PA Chapter, American Academy of Pediatrics  
Rose Tree Corporate Center II  
Suite 3007  
1400 N. Providence Rd  
Media, PA 19063  
Attn: Pattie Davis

If you have any questions about completing the documentation, please contact ECELS at 800/243-2357.

Thank you.

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Please use the scale to the right in answering these questions. Fill in the circle completely. You may use pen or pencil to fill in the circles.		Very Low	Low	Moderate	High	Very High
1.	To what extent were the objectives of the educational activity achieved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	To what extent were you satisfied with the overall quality of the educational activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	To what extent was the content of the program relevant to your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	To what extent did the program enhance your knowledge of the subject area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	To what extent did the program change the way you think about clinical care/professional responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	To what extent did the activity present scientifically rigorous, unbiased and balanced information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	To what extent were the speakers' presentations free of commercial bias?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	As a result of participation in this activity, I learned components of safe medication preparation, administration and documentation that I can use to advise ECE practitioners as appropriate to my professional role. ( <i>how did this increase my knowledge</i> ). I will _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	As a result of participation in this activity, I can identify aspects of national and state laws and regulations governing medication administration ( <i>how did this increase my knowledge</i> ). I will _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	As a result of participation in this activity, I learned how the principles of continuous quality improvement can be adapted to medication administration policies and procedures in early education and child care settings ( <i>how will this improve my ability to provide technical assistance on this topic</i> ). I will _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Which of the following best describes the impact of this activity on your performance?					
	<input type="radio"/>	This program will not change my behavior because I am currently conducting my professional responsibilities in a manner consistent with the information presented in this educational activity.				
	<input type="radio"/>	This activity will not change my behavior because I do not agree with the information presented.				
	<input type="radio"/>	I need more information before I can change my work behavior.				
	<input type="radio"/>	I will immediately implement the information into my work.				
	<input type="radio"/>	None of the Above				

**Please Print Legibly and Complete All Information Below**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Social Security Number (last 5 digits only) XXX-X \_\_\_-\_\_\_-\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- I request PA Keys to Professional Development Credit  
 I request Act 48 Credits Professional Personnel ID Number (PPID) \_\_\_\_\_