

University of Pittsburgh School of Medicine  
Center for Continuing Education In the Health Sciences  
Formal Course Evaluation - Course # 299  
Course Name: Let's Talk-Implementing New  
Infant Safe Sleep Recommendations  
Course Date: December 4, 2013

**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 this page and return with the evaluation form.
3. Please follow the instructions for answering the questions on the evaluation form. Fill in the circle completely. A "✓" or an "x" **will not be recognized by the form scanner at the Univ of Pittsburgh.** You may use a pen or a pencil.
4. **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 CREDIT.**
5. **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: Lillian Young

Thank you.

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PLEASE COMPLETE THIS SECTION AND RETURN WITH YOUR EVALUATION FORM

Your Name:

Degree:

Social Security # (last 5 digits only) as required by the Univ of Pittsburgh:

XXX- X \_\_\_ - \_\_\_ \_\_\_ \_\_\_

Practice Name:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

I request PA Keys to Professional Development Credit

I request Act 48 Credits Professional Development ID Number (PPID) \_\_\_\_\_

**University of Pittsburgh School of Medicine**  
**Center for Continuing Education In the Health Sciences**  
**Course Name: Let's Talk – Implementing New Infant Safe Sleep**  
**Recommendations**  
**CME Course Number: 299**  
**Course Date: December 4, 2013**

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 practice?	<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 can describe the relationship between the rate of infant deaths and child care. With this understanding, 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 use the CFOC, 3 <sup>rd</sup> . Ed. Standards related to safe sleep in child care. I will use this information in my work to _____ _____	<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 can implement a safe sleep policy to reduce the risk of sleep-related death risks for infants. I will implement a safe sleep policy by _____ _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	As a result of participation in this activity, I can identify resources to learn more about safe sleep measures. I will use the resources to _____ _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	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 practice behavior.				
	<input type="radio"/>	I will immediately implement the information into my practice.				
	<input type="radio"/>	None of the Above				