

Course Date: October 30, 2014

**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.

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

PA Keys Registry ID Number _____

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 (Webinar) Active Play- Reducing Risk and Promoting Health
CME Course Number: 299
Course Date: October 30, 2014

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?	○	○	○	○	○
2.	To what extent were you satisfied with the overall quality of the educational activity?	○	○	○	○	○
3.	To what extent was the content of the program relevant to your work?	○	○	○	○	○
4.	To what extent did the program enhance your knowledge of the subject area?	○	○	○	○	○
5.	To what extent did the program change the way you think about your work?	○	○	○	○	○
6.	To what extent did the activity present evidence-based, unbiased and balanced information?	○	○	○	○	○
7.	To what extent were the speakers' presentations free of commercial bias?	○	○	○	○	○
8.	As a result of participation in this activity, I can explain the importance of active play to support social-emotional, cognitive and physical development of young children. With this understanding I will _____ _____	○	○	○	○	○
9.	As a result of participation in this activity, I can describe a variety of active play experiences for young children. I will use this information to _____ _____	○	○	○	○	○
10.	As a result of participation in this activity, I can list the hazards that cause the most common injuries during active play and make a plan to correct them. With this understanding I will _____ _____	○	○	○	○	○
11.	As a result of participation in this activity, I can implement a plan for active play maintenance. I will _____ _____	○	○	○	○	○
12.	Please list any changes in practice that you may make as a result of participation in this activity.					
a.	○	This program will not change my behavior because I am already using the information presented.				
b.	○	This activity will not change my behavior because I do not agree with the information presented.				
c.	○	I need more information before I can change my behavior.				
d.	○	I will immediately implement the information.				
e.	○	None of the Above				