

## Obtaining Continuing Education Credit for Each Session of a Series

AMA Category I CME credits for physicians and CEAP credits for nurses can be obtained by the following procedure:

1. In order to receive credit for this program, the following forms must be completed and returned to the address below. If not fully completed, credit will not be awarded.
  - a. Documentation of Continuing Education form completely filled in
  - b. Completed sign in sheet (please ensure participants' names are legible)
  - c. Completed evaluation **from each attendee**
2. Mail, fax or scan/email all completed forms to:  
Edna Hull  
ANC/HED  
4315 Diplomacy Drive  
Anchorage, AK 99508  
Phone (907) 729-2930  
Fax (907) 729-2938  
Email: [ehull@anthc.org](mailto:ehull@anthc.org)

**EVALUATION FORM**

**TITLE:** Cardiology Pearls                      **SPEAKER:** Jill Adamson, RN                      **DATE:** 2/23/10  
**Please indicate your agreement with the following statements, with 1 being the least and 5 being the most:**

|   | Strongly<br>Disagree | Disagree | Neutral | Agree | Strongly<br>Agree |
|---|----------------------|----------|---------|-------|-------------------|
| 1. The objectives of this program were met  | 1                    | 2        | 3       | 4     | 5                 |
| 2. The content was consistent with the objectives   | 1                    | 2        | 3       | 4     | 5                 |
| 3. Instructor effectiveness:  |                      |          |         |       |                   |
| Held your interest  | 1                    | 2        | 3       | 4     | 5                 |
| Clear and understandable  | 1                    | 2        | 3       | 4     | 5                 |
| Effective teaching methods  | 1                    | 2        | 3       | 4     | 5                 |
| Response to questions   | 1                    | 2        | 3       | 4     | 5                 |
| Good use of audiovisuals/handouts   | 1                    | 2        | 3       | 4     | 5                 |
| 4. Appropriateness of physical facilities   | 1                    | 2        | 3       | 4     | 5                 |
| 5. I was able to hear and see the program   | 1                    | 2        | 3       | 4     | 5                 |
| 6. Rate your skill level using the equipment/software covered in this class (1=LOW, 5=HIGH)                         | 1                    | 2        | 3       | 4     | 5                 |
| 7a. I would recommend this training to others   | 1                    | 2        | 3       | 4     | 5                 |
| 7b. If you did not answer strongly agree to question 7a., what would it take for you to strongly agree?             |                      |          |         |       |                   |
| 8. What new features, services or improvements would you like to see added?   |                      |          |         |       |                   |
| 9. Based on what you've learned in this class, in what area of your practice (if any) do you see a need for change? |                      |          |         |       |                   |
| 10. How do you plan to use this information to improve your practice / practice setting?                            |                      |          |         |       |                   |
| 11. General comments and/or suggestions for future programs/topics:   |                      |          |         |       |                   |

ALASKA NATIVE MEDICAL CENTER

4315 Diplomacy Drive.

Anchorage, AK 99508

DOCUMENTATION OF CONTINUING EDUCATION

Title of Presentation: Cardiology Pearls

Date of Presentation: February 23, 2010

Time: 2:00pm

to: 3:00pm

Location: ANTHC – presented by Videoconference

Presenter’s Name/Degree: Jill Adamson, RN

Job Title: Cardiology Nurse Case Manager

Presenter’s Employer: Alaska Native Medical Center

Attendees: Sign in list attached verifies attendance for CE credit (must be complete).

Needs Assessment: How were needs for this program determined?

- Formal/annual needs assessment
- Written/verbal evaluation of previous activities
- Participant/management requested Educational Activity
- Quality improvement studies/Incident Report indicated need
- Trends in literature, law and health care indicated need
- Other - specify: \_\_\_\_\_

Objective(s): At the completion of this CE activity, participants will be able to:

1. Describe the general management of of coronary artery disease, cardiac valve disease, congestive heart failure and device implantation for dysrhythmias.

I disclosed to the participants any commercial financial support, and any real or perceived conflict of interest for this speaker. I also disclosed any limitations of data and/or discussion of off-label, experimental, and/or investigational use of drugs or devices in the presentation by this speaker. I also attest that proprietary commercial interests were not promoted during this presentation.

Jill Adamson, RN

Moderator Signature

Physicians:

Alaska Native Medical Center is accredited as a sponsor and provider of continuing medical education for physicians by the Alaska State Medical Association.

ANMC designates this activity as meeting the criteria for one hour of AMA PRA Category 1 Credit™ for each hour of participation. Each participant should only claim credit commensurate with the extent of participation in the activity.

Nurses:

Alaska Native Medical Center is an approved provider of continuing nursing education by the Alaska Nurses Association, an accredited approver by the American Nurses Association Credentialing Center’s Commission on Education.

ANMC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation. Each participant should only claim credit commensurate with the extent of participation in the activity.

