

Enduring Materials

FRONT COVER (CD-ROM Packaging, Monograph, etc)

(Title of Activity)

Title

CME Certified **Medium or Activity**

(Sponsorship Statement)

Sponsored by the University of Medicine & Dentistry of New Jersey (UMDNJ), **School, Department of Department** and UMDNJ-Center for Continuing and Outreach Education
[include UMDNJ Logo and/or UMDNJ-School logo]

(or Joint Sponsorship Statement)

Jointly Sponsored by the University of Medicine & Dentistry of New Jersey (UMDNJ), **School, Department of Department**, UMDNJ-Center for Continuing and Outreach Education and **Joint Sponsor**
[include UMDNJ Logo and/or UMDNJ-School logo and Joint Sponsor Logo]

(or Co-Sponsorship or Collaboration Statement)

Sponsored by the University of Medicine & Dentistry of New Jersey (UMDNJ), **School, Department of Department**, UMDNJ-Center for Continuing and Outreach Education in collaboration (**or partnership**) with **Co-Sponsor**
[include UMDNJ Logo and/or UMDNJ-School logo and Co-Sponsor Logo]

(Release and Expiration Date(s))

Release Date: **Month, Year**

Expiration Date: **Month Day, Year**

(Grantor(s) Acknowledgment)

This activity is supported by **an** educational grant(s) from **Grantor(s)**.
(Grantor logos are acceptable but cannot be as prominent as Sponsor/**Joint Sponsor** logos)

Enduring Materials

CME PAGE

- This CME information must be posting in the beginning of the activity.
- Electronic Methods (internet, CDs, DVDs, satellite broadcasts, etc): This CME information must be “transmitted” to the learner prior to the learner beginning the CME activity.
- Packaging (CDs, DVDs, etc): This CME information must be including on the packaging except method of instruction, disclosure, disclaimer (minus copyright paragraph) sections.

(Title of Activity)

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Introduction (Overview, Goal ...)

(Description of Educational Need and The Activity's Overall Goal – Why is there an interest in this subject? Why would the target audience want to participate in this program? How will this information impact clinical practice?)

Clinical research suggests
The purpose of this activity is to

Target Audience

(Be very specific in identifying potential audience for whom the activity is intended. Are there any individuals who should not attend? If attendance requires pre-requisites, please list them clearly.)

This activity is designed for

Learning Objectives

(What should the target audience be able to accomplish/learn by completing this activity? Learning outcomes {acquisition of knowledge, development of psychomotor skills, and changes in attitudes, values, and/or feelings} described in terms of physician performance or patient health.)

Upon the completion of this activity, participants should be able to:

- Objective 1
- Objective 2
- Objective 3
- Objective 4
- Objective 5

Faculty

(Indicate the UMDNJ faculty member who is serving as Activity Director/Co-Director/Faculty Advisor with their respective credentials. The names of all faculty participating in the activity must be listed with their respective credentials {academic rank, school, department, city, state; clinical rank, institution, department/division/center, city, state}. If possible, list the faculty's phone numbers, e-mail addresses, etc. to allow participants to contact them with questions pertaining to the activity.)

Faculty

Faculty 1

Faculty 2

Faculty 3

Activity Director(s)/CME Academic Advisor(s)

UMDNJ Activity Director/Activity Co-Director/Faculty Advisor

Joint Sponsor Activity Director/Activity Co-Director/Faculty Advisor

Planning Committee

Member 1

Member 2

Member 3

Method of Instruction

Participants should read the learning objectives and review the activity in its entirety. After reviewing the material, complete the **self-assessment test/post-test** consisting of a series of multiple-choice questions.

The activity is complemented with references that contain the rationale for the correct answer to each self-assessment question/ as well as a description identifying the section of the activity that contains the correct answer./ allowing participants to review the material as needed, thus finalizing their educational participation.

Upon completing this activity as designed **and achieving a passing score 70% or more on the post-test**, participants will receive a letter of credit awarding **AMA PRA Category 1 Credit(s)TM** and the **test answer key** four (4) weeks after receipt of the registration, and evaluation materials.

Estimated time to complete this activity as designed is **number (number) hour(s)**.

Accreditation

(Accreditation Paragraph - Solely Sponsored)

UMDNJ–Center for Continuing and Outreach Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

(or Accreditation Paragraph - Jointly Sponsored)

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of UMDNJ–Center for Continuing and Outreach Education and **Joint Sponsor**. UMDNJ–Center for Continuing and Outreach Education is accredited by the ACCME to provide continuing medical education for physicians.

(Credit Paragraph)

UMDNJ–Center for Continuing and Outreach Education designates this educational activity for a maximum of **number AMA PRA Category 1 Credit(s)TM**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity was peer-reviewed for relevance, accuracy of content and balance of presentation by CME Academic Advisor, and pilot-tested for time required for participation by Field Testers.

Disclosure

(Include this paragraph if space permits.)

In accordance with the disclosure policies of UMDNJ and to conform with ACCME and FDA guidelines, individuals in a position to control the content of this education activity are required to disclose to the activity participants: 1) the existence of any financial interest or other relationships with proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies, within the past 12 months; and 2) the identification of a commercial product/device that is unlabeled for use or an investigational use of a product/device not yet approved.

Faculty Disclosure Declarations

UMDNJ Activity Director/Activity Co-Director/Faculty Advisor

Joint Sponsor Activity Director/Activity Co-Director/Faculty Advisor

Faculty, Moderators, Panelists

Field/Pilot Testers

(List all the faculty, etc, with their disclosure declaration; whether they have a relationship or not.)

Type(s) (grant support, speaker's bureau, etc.), Commercial Organization(s)

Sample listings

Dr. X has received grant/research support from **Company Y**.

Dr. X has been a consultant for **Company Y**.

Dr. X has served on the steering committees of **Company Y**.

Dr. X has served on the speakers' bureaus of **Company Y**.

Dr. X has served on the advisory boards of **Company Y**.

Has no relevant financial relationships.

Sample listings

Dr. X has no relevant financial relationships.

Planning Committee Disclosure Declarations

Planning Committee Members

CME Staff/UMDNJ and Joint Sponsor

(List all the planning committee members with their disclosure declaration; whether they have a relationship or not.)

Type(s) (grant support, speaker's bureau, etc.), Commercial Organization(s)

Sample listing

Planning committee member(s), **Mr./Ms. X, Company A**, is a shareholder of **Company Y**.

Has no relevant financial relationships.

Sample listing

Planning committee members, **Name** and **Name, Company A** and **Name**, UMDNJ, have no relevant financial relationships.

Off-Label Usage Disclosure

(If off-label usage is presented in the activity, the following paragraph must be included and edit the text accordingly, as described below.)

This activity contains information of commercial products/devices that are unlabeled for use or investigational uses of products not yet approved. **Product(s) is/are** not included in the labeling approved by the US FDA for the **treatment of disease(s)**.

(If off-label usage is NOT mentioned, the following sentence must be used.)

This activity does not contain information of commercial products/devices that are unlabeled for use or investigational uses of products not yet approved.

Disclaimer

The views expressed in this activity are those of the faculty. It should not be inferred or assumed that they are expressing the views of **Grantor**, any other manufacturer of pharmaceuticals, **or UMDNJ, or Joint Sponsor**.

It should be noted that the recommendations made herein with regard to the use of therapeutic agents, varying disease states, and assessments of risk, are based upon a combination of clinical trials, current guidelines, and the clinical practice experience of the participating presenters. The drug selection and dosage information presented in this activity are believed to be accurate. However, participants are urged to consult the full prescribing information on any agent(s) presented in this activity for recommended dosage, indications, contraindications, warnings, precautions, and adverse effects before prescribing any medication.

Copyright © **Year** UMDNJ-Center for Continuing and Outreach Education. All rights reserved including translation into other languages. No part of this activity may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage and retrieval systems, without permission in writing from UMDNJ-Center for Continuing and Outreach Education.

Note: Internet Activities

Please refer to ACCME Internet Polices below for further instructions for CME activities delivered via the Internet.

- There shall be no CME activities on a pharmaceutical or device manufacturers' product website.
- With clear notification that the learner is leaving the educational website, links from the activity's website to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.
- Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- At the start of activity, indicate the hardware and software required for the learner to participate.
- A mechanism must be in place for the learner to be able to contact the accredited provider if there are questions about the CME activity.

Please direct CME related questions to UMDNJ at 973-972-4267 or email ccoe@umdnj.org.

- The accredited provider (and contracted vendors) must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

To review UMDNJ's privacy policy, [click here](#).

- The accredited provider (and contract vendors) must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

**University of Medicine and Dentistry of New Jersey
Center for Continuing and Outreach Education**

Title

Registration Form

In order to obtain CME credit, participants are required to complete all of the following:

- (1) Read the learning objectives, and review the activity, and complete the post-test.
- (2) Complete this registration form, record your test answers in the box below, and complete the activity evaluation form.
- (3) Send the registration and evaluation forms to:
UMDNJ-Center for Continuing and Outreach Education
via mail: PO Box 1709, Newark, NJ 07101-1709
via fax: (973) 972-7128
- (4) Retain a copy of your test answers. Your answer sheet will be graded and if a passing score of 70% or more is achieved, a letter of credit and the test answer key will be mailed to you within 4 weeks. Individuals who fail to attain a passing score will be notified and offered the opportunity to complete the activity again.

(The "process" for internet activities will probably be somewhat different than described above. Please consult with representatives of UMDNJ-CCOE to discuss the method of instruction, testing, registration, evaluation, etc. and the appropriate instructions.)

POST-TEST

Circle the best answer for each question on page number.

1	A	B	C	D	11	A	B	C	D
2	A	B	C	D	12	A	B	C	D
3	A	B	C	D	13	A	B	C	D
4	A	B	C	D	14	A	B	C	D
5	A	B	C	D	15	A	B	C	D
6	A	B	C	D	16	A	B	C	D
7	A	B	C	D	17	A	B	C	D
8	A	B	C	D	18	A	B	C	D
9	A	B	C	D	19	A	B	C	D
10	A	B	C	D	20	A	B	C	D

REGISTRATION

First Name, M.I., Last Name, Degree

Daytime Phone, Evening Phone, Fax, E-mail

Preferred Mailing Address: Home Business Address, City, State, Zip Code

Affiliation, Specialty, Last 4 Digits of Social Security # (for credit recording purposes only)

I attest that I have completed the **Title** activity as designed.

I claim ____ *AMA PRA Category 1 Credit(s)*TM for participating in this activity (1 credit for each hour of participation, not to exceed **number** credits).

Signature

Date

Credit for this activity is available until **Date (Expiration Date)**.

A CE credit letter will be mailed to you in approximately 4 weeks

UMDNJ-Center for Continuing and Outreach Education
PO Box 1709, 30 Bergen Street, ADMC 710, Newark, NJ 07101-1709
Phone: 973-972-4267 or 1-800-227-4852

Activity Code: **FYTS##/ST##**

**University of Medicine and Dentistry of New Jersey
Center for Continuing and Outreach Education**

Title

Activity Evaluation Form

The planning and execution of useful and educationally sound continuing education activities are guided in large part by input from participants. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few moments to complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. Thank you for your cooperation!

Note: CME credit letters and long-term credit retention information will only be issued upon receipt of this completed evaluation form.

PROGRAM OBJECTIVES: Having completed this activity, are you better able to:

	Strongly Agree			Strongly Disagree		
• Objective 1	5	4	3	2	1	
• Objective 2	5	4	3	2	1	
• Objective 3	5	4	3	2	1	
• Objective 4	5	4	3	2	1	

If you do not feel confident that you can achieve the above objectives to some extent, please describe why not.

OVERALL EVALUATION:

	Strongly Agree			Strongly Disagree		
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1	
The information presented will influence how I practice.	5	4	3	2	1	
The information presented will help me improve patient care.	5	4	3	2	1	
The faculty demonstrated current knowledge of the subject.	5	4	3	2	1	
The program was educationally sound and scientifically balanced.	5	4	3	2	1	
The program avoided commercial bias or influence.	5	4	3	2	1	
Overall, the program met my expectations.	5	4	3	2	1	
I would recommend this program to my colleagues.	5	4	3	2	1	

Based on the information presented in the activity, I will (check one)

- | | |
|--|--|
| <input type="checkbox"/> Implement a change in my practice. | <input type="checkbox"/> Do nothing differently, as the content was not convincing. |
| <input type="checkbox"/> Seek additional information on this topic. | <input type="checkbox"/> Do nothing differently. System barriers prevent me from changing my practice. |
| <input type="checkbox"/> Do nothing differently. Current practice reflects activity recommendations. | |

If you anticipate changing one or more aspects of your practice as a result of your participation in this activity, please provide us with a brief description of how you plan to do so.

If you are not able to effectively implement what you learned at this activity, please tell us what the system barriers are (eg, reimbursement issues, managed care rules, formulary decisions, countervailing practice guidelines, etc).

Please provide any additional comments pertaining to this activity and suggestions for improvement.

Please list any topics that you would like to be addressed in future educational activities.

Please send this evaluation form via fax to **Number**, or mail within 7 days to:

Organization, Street, City, State, Zip, Phone

Activity Code: **FYTS##/ST##**