

Contact Hour

RECORDED Presentation Evaluation Form

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Program Title: Meeting Medication Interactions and Concerns

Date: April 11, 2018

Speaker: Donna Bartlett ,PharmD, BCGP, RPh

This program has been pre-approved by the Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.25 CE contact hours.

Personal information: Please enter your personal information below. This information will be used for the purposes of distributing CCM credit to you once you have completed the evaluation.

Name: _____

Address, City, State, Zip: _____

E-mail Address: _____

Phone Number: _____

Degree/Discipline: _____ RN _____ LICSW _____ Other

The program content met the stated learning objectives:

- Participants will be able to identify three different kinds of drug interactions

___ Agree ___ Somewhat ___ Disagree

- Identify high-risk medications that have narrow therapeutic parameters

___ Agree ___ Somewhat ___ Disagree

- Understand the importance of Medication Therapy Management

___ Agree ___ Somewhat ___ Disagree

- Understand the role that a pharmacist can play in minimizing side effects and adverse drug interactions

Agree Somewhat Disagree

Overall effectiveness of program content:

- The program content was timely and relevant to my work

Agree Somewhat Disagree

- The information presented was free from commercial bias

Agree Somewhat Disagree

- The handouts and bibliography were appropriate for the topic

Agree Somewhat Disagree N/A

General feedback:

Please add any comments you would like to share with the Program Committee.

Thank you.