



CME SPEAKER CREDIT FORM

Speaker's Name (PRINT): \_\_\_\_\_

Speakers - Please complete this form post-activity

In order for the Kettering Health Network CME Program to give you Category 1 credit for your presentation/ participation in the CME activity held on \_\_\_\_\_ (date), we need to obtain the following information. **Please note - Category 1 credit can only be awarded one time for the same PowerPoint presentation. If you gave the same lecture at a prior activity, you cannot claim credit.**

**Yes, I want to claim credit** (2 hrs for 1 hr presentation) for the prep and delivery of \_\_\_\_\_

I was a co-presenter (1 hour Category 1) \_\_\_\_\_ *Title of Presentation/Program*

Please send my certificate to: \_\_\_\_\_

I am on the KHN/CME database - please add to my existing CME report

**\*\*Please sign and date below to receive CME Speaker Credit.**

**No**, I am not going to claim any AMA PRA Category 1™ credit.

Based on your preparation for this presentation, do you think your patient care has improved?  Yes  No

If yes, please provide an example: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**\*\*Signature**

\_\_\_\_\_  
**\*\* Date**

It is our goal to design exemplary CME activities. We ask you for your comments to help us improve our program. I found the following to be true of this CME activity:

Facility/Site:  Excellent  Good  Needs Improvement (*please explain*)

Comments: \_\_\_\_\_

AV and Assistance:  Excellent  Good  Needs Improvement (*please explain*)

Comments: \_\_\_\_\_

Planning - my contact with the Planners/CME Office and/or Liaison was:

Excellent  Good  Needs Improvement (*please explain*)

Comments: \_\_\_\_\_

I would be willing to be invited back to present at this facility.  Yes  No

**RETURN FORM TO: Continuing Medical Education Program, FAX: (937) 522-8930**

**Email: [KHNCME@ketteringhealth.org](mailto:KHNCME@ketteringhealth.org)**