CME SPEAKER CREDIT FORM

Speaker's Name (PRINT):_____

Speakers - Please complete this form post-activity!

In order for the Kettering Health CME Program to give you AMA PRA Category 1™ credit for your presentation/participation in the CME activity held on _____ (date), we need to obtain the following information. ***Please note – AMA PRA Category 1™ speaker 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 (e.g., 2 hrs for 1 hr presentation) for the preparation and delivery of_____

☐ I was a co-presenter (1 hour AMA PRA Category 1™ credit)

☐ Please send my certificate to: _____

☐ I am in the KH/CME database - please add to my existing CME report

****Please sign and date below to receive *AMA PRA Category 1™ 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, Email: KHNCME@ketteringhealth.org