Faculty Credit Claim Form for Teaching and Learning at Live CME Activities

**Attach program flyer/brochure or answer the following:**

- Title of Your Presentation
- Date of Activity

- Type of Live Activity
  - Grand Round
  - Course/Conference/Symposium

- Title of Overall Conference (if applicable)

- Sponsoring Department/Institution
- Location

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**AMA PRA Category 1 Credit™ for Teaching in Live CME Activity**

As of July 1, 2006 Physicians may claim *AMA PRA Category 1 Credit™* for learning that occurs as a result of Teaching a Live CME Activity directly from the accredited provider, which certifies the live activity (2 credits per hour of interaction). Credit may only be claimed for teaching a live activity that has been approved as an accredited activity and is designated for *AMA PRA Category 1 Credit™*.

You may only claim credit once and cannot claim credit if you have already been awarded credit for the same presentation (at DUCOM or non-DUCOM location)

- I attest that this is the first time I am requesting teaching credit for this activity.

- Total length (in minutes) of presentation: ___ total length x 2 = ___

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**AMA PRA Category 1 Credit™ for Participating as a Learner in Live CME Activity**

Faculty may not claim simultaneous credit as physician learners for sessions at which they present; however, they may claim participant credit for other sessions they attend as learners at a designated live activity.

- I attest that I participated as a learner for a portion of this activity and am requesting credits in this capacity.

- Total length (in minutes) of time attended as a learner (excludes time spent teaching the activity)

- DUCOM Faculty
- Non DUCOM Faculty

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- Name (Please Print or Type): ___________________________ Degree: ___________________________
- Email Address: ___________________________ Day Phone: ___________________________
- Mailing Address/Mail Stop: ___________________________
- City/State/Zip Code: ___________________________

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Signature: ___________________________ Date: ___________________________

Please complete the credit claim form and evaluation within 30 days following the activity and fax to 215-762-2589 or mail to:
Office of Continuing Medical Education, 1427 Vine Street, Mail Stop 1013, Room 405, Philadelphia, PA 19102

A record of your credit will be recorded by OCME. Contact OCME at 215-762-2580 if you have any questions.
EVALUATION FORM FOR SPEAKER

Presentation Title: _______________________________________________________

Department/Institution: ___________________________ Date of Activity ______________

Dear Colleague: Physicians may claim *AMA PRA Category 1 Credit™* for learning that occurs as a result of Teaching a Live CME Activity directly from the accredited provider, which certifies the live activity (2 credits per hour of interaction). Credit may only be claimed for teaching a live activity that has been approved as an accredited activity and is designated for *AMA PRA Category 1 Credit™*. You may only claim credit once and can not claim credit if you have already been awarded credit for the same presentation.

We strive to deliver quality programs that meet the educational needs of our constituents. Your feedback will be taken into consideration when planning CME events in the future. Please return your evaluation form to the Office of Continuing Medical Education along with your credit claim form.

Were the learning objectives met? Please circle your response

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
</tr>
</thead>
</table>

Were the speaker’s commercial relationships and types of relationships disclosed to the audience (*either by announcement, distribution, slide or listed in the front of the syllabus*) prior to the beginning of the activity? Alternatively, if the speaker(s) had no relationships to disclose was the audience informed prior to the activity?  

Yes □ No □

If a conflict of interest was identified, was the method of resolution disclosed to the audience?  

Yes □ No □

CME activities are required to be evidence based and bias free. Do you feel adequate steps were taken to ensure the presentation was balanced and free from commercial bias?  

Yes □ No □

If no, please explain;

Did the discussion facilitate the sharing of experiences and solutions?  

Yes □ No □ Somewhat □

Comments:

Thank you.

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