

SCAN CME Credit Post Test / Evaluation Survey

Thank you for attending the CME (Continuing Medical Education) class. To receive your CME credits, please complete the following forms and return via Email, fax, or mail to the address provided below. Your feedback is very important as it helps us to improve our future educational programs and meet your needs. If needed, include an additional page for comments.

Lesson Post Test / Evaluation Survey – CA Guideline for AD Management

Name _____

Address _____

City _____

State, Zip _____

Phone _____
 Home Office

Fax _____
 Home Office

Email _____
 Home Office

Age: _____ Gender: Male Female

Race/Ethnicity (Select one):

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Other Hispanic/Latino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Two or more races |
| | <input type="checkbox"/> Other |

California MD License Number _____

Degree _____

I attest that I read and completed this CME activity and claim 1.0 hours of AMA PRA Category 1 Credit(s).

 Participants Signature

 Date Signed

Please list other topics for future CME activity

PLEASE RETURN YOUR FORM TO:
 Reneé McNally, CME Coordinator
 SCAN Health Plan
 3800 Kilroy Airport Way
 Long Beach, CA 90801-5616
 PH (562) 997-3180 FAX (562) 997-1876
 rmcnally@scanhealthplan.com

Please mark your preference of media format

- Internet CD-ROM
 Newsletter Symposium Lecture

On the whole, how do you rate the information in this lesson?

- Excellent Good Fair Poor

Is this information presented useful in your practice?

- Yes No

Will you make changes in your practice as a result of the information presented in this lesson?

- Yes No

Do you have recommendations to improve the activity?

- Yes No

Comments _____

Were any portions of this activity unsatisfactory or inappropriate?

- Yes No

If so, which? _____

Did this activity meet the stated objectives?

- Yes No

Is there subject matter you would like included in future activities?

- Yes No

Comments _____

Did this activity exhibit promotional bias for any pharmaceutical agents?

- Yes No

Post Test – Use questions on the following page.					
	A	B	C	D	E
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-Test Questions

1. The Guideline for Alzheimer's Disease Management recommendations were developed to be utilized by:
 - A. Neurologists
 - B. Psychiatrists
 - C. Gerontologists
 - D. All members of the dementia treatment team

2. A re-assessment of the patient with Alzheimer's Disease should occur when:
 - A. There is a sudden change in behavior
 - B. The patient has a yearly visit
 - C. The patient's insurance plan authorizes a visit
 - D. The patient needs prescriptions renewed

3. The atypical antipsychotics have been used to manage aggressive behavior, but may also increase the risk of:
 - A. Stroke
 - B. Diabetes
 - C. Hypertension
 - D. Asthmas

4. Patients with Alzheimer's Disease and their families should be referred to support organizations for which of the following?
 - A. Culturally appropriate educational materials
 - B. Referrals to community resources
 - C. Consultation on care needs and options
 - D. All of the above

5. The Primary Care Practitioner should convey the importance of basic legal and financial planning and make referrals when formulating treatment plans.
 - A. True
 - B. False

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