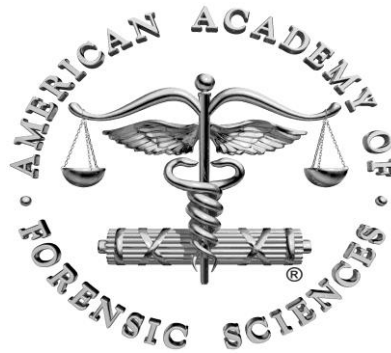


CONTINUING EDUCATION CREDIT REQUEST FORMS



DEADLINE FOR RECEIPT IS MARCH 17, 2020

Return your completed packet by one of the following methods:

- ❖ Any time before Friday at 4:00 p.m. – CE Drop Box at the AAFS Onsite Registration Desk

OR

- ❖ Mail for receipt by March 17, 2020, to:
Kimberly Wrasse
AAFS
410 North 21st Street
Colorado Springs, CO 80904

The forms may not be returned via fax or email.

CERTIFICATES WILL BE AVAILABLE FOR ONLINE ACCESS APPROXIMATELY APRIL 15.

**PLEASE READ INSTRUCTIONS CAREFULLY.
INCOMPLETE PACKETS WILL BE RETURNED FOR CORRECTION/COMPLETION.**

- **Requests for Continuing Education Credit/Certificates must be received by March 17, 2020.**
- **\$100 Continuing Education Administrative Fee.** If you did not pay the fee with your registration, you may pay upon submission.
- In order to receive a certificate and credit, you must submit the **Credit Reporting Form (page 3) and the Session Attendance Worksheets (pages 4-7).**
- **Do not write additional sessions on worksheet.** The sessions on the Session Attendance Worksheet have been pre-approved for continuing education credit. If a session is not listed, either it is not eligible for continuing education credit (e.g., Bring Your Own Slides, Evening Special Sessions, sponsored sessions) or it is an outside group (e.g., ABFO, ASFO, NAME) and they will issue their own certificate.
- You may not claim hours that exceed the printed "Maximum Hours" for each session. The hours listed are the number of hours that have been pre-approved. The eligible number of continuing education hours has been rounded to the nearest .25 hour.
- You may not claim full attendance in sessions that overlap (e.g., if you are claiming full attendance at the morning and afternoon scientific sessions and there is only one hour in between the sessions, you may not claim the full hour and a half for attendance at the Poster Session).
- It is the attendee's responsibility to document which sessions were attended and the length of time in attendance.
- Packets may only be submitted after all session attendance has been completed.

As a provider of Continuing Education, AAFS will maintain records of all continuing education credit awarded annually for confirmation by any of the attendees or accrediting continuing education agencies.

2020 CREDIT REPORTING FORM

The CREDIT REPORTING FORM and SESSION ATTENDANCE WORKSHEETS must be received by March 17, 2020.

Print First Name _____

Print Last Name _____

Degree (MD, DDS, PhD) _____

PLEASE SELECT ONE CONTINUING EDUCATION CREDIT CATEGORY:

Medical (AMA PRA Category 1)

- MD, DO (or equivalent medical degree), or
- PhD Psychologist

- Non-Physician Medical** – *Per AMA, the number of CE hours attended can not be included on Non-Physician Medical certificates. If you wish to receive hours/credits, you may want to request the “General” category instead.*

- Dental – American Dental Association (ADA CERP)**

- Legal** – *AAFS is not a pre-approved provider for any state. You may self-report your hours as needed.*

- General** – *for those whose discipline is not represented in one of the categories above.*

- ❖ **Should you require reporting to an agency, you may submit a copy of the forthcoming AAFS continuing education certificate directly to that agency.**

DECLARATION OF CREDIT:

I affirm that I attended the sessions and hours indicated on my Session Attendance Worksheets.

Signature: _____

Certificates will be uploaded to the AAFS Web Portal approximately April 15. An email with the directives on accessing your certificate will be sent from “no-reply@aaafs.org” with the subject line “AAFS CE Credit/Certificate”.

2020 SESSION ATTENDANCE WORKSHEET

The **SESSION ATTENDANCE WORKSHEETS** must be returned with the **CREDIT REPORTING FORM**.

Please read the “Instructions for Request Forms Completion” page 2; incomplete submissions will be returned.

- Write the actual number of hours in attendance in the “Hours Attended” column (* or ✓ not acceptable).
- “Hours Attended” are awarded in increments of .25 (15 minutes), round to the nearest quarter hour, as necessary.
- “Hours Attended” may not exceed the “Max Hour” column, even if a session runs long.

		HOURS ATTENDED	(MAX HOURS)
		↓ ↓ ↓	
<u>MONDAY, FEBRUARY 17</u>			
7:00 am - 8:30 am	BREAKFAST SEMINAR #1: <i>Ethno-Cultural/Religious Considerations in Management of the Dead</i>	<input type="text"/>	(.75)
8:30 am - 12:00 pm	WORKSHOP #1: <i>Drug Delivery Homicide: Prosecution, Defense, and Expert Testimony</i>	<input type="text"/>	(3.0)
8:30 am - 12:15 pm	WORKSHOP #2: <i>Statistical Learning Algorithms for Forensic Scientists</i>	<input type="text"/>	(3.25)
8:30 am - 12:30 pm	WORKSHOP #4: <i>The Impact of the 2018 Farm Bill on the Forensic Analysis of Cannabis</i>	<input type="text"/>	(3.5)
8:30 am - 12:30 pm	WORKSHOP #5: <i>The Psychopathology of Homicide</i>	<input type="text"/>	(3.5)
8:30 am - 4:15 pm	WORKSHOP #6: <i>High-Impact Practices in Forensic Science Education</i>	<input type="text"/>	(6.25)
8:30 am - 4:45 pm	WORKSHOP #7: <i>New Advances in Forensic Human Identification</i>	<input type="text"/>	(6.75)
8:30 am - 5:00 pm	WORKSHOP #8: <i>Death Investigations in the Military</i>	<input type="text"/>	(6.75)
8:30 am - 5:00 pm	WORKSHOP #9: <i>Interpersonal Violence and Elder Abuse</i>	<input type="text"/>	(7.0)
8:30 am - 5:00 pm	WORKSHOP #10: <i>The Investigation and Analysis of Health Care Serial Killers</i>	<input type="text"/>	(7.0)
8:30 am - 5:15 pm	WORKSHOP #12: <i>KidStats: Improving the Subadult Biological Profile</i>	<input type="text"/>	(7.25)
8:30 am - 5:30 pm	WORKSHOP #13: <i>Primer on Multidisciplinary Investigation of Pediatric Injuries & Deaths</i>	<input type="text"/>	(7.25)
8:30 am - 5:30 pm	WORKSHOP #14: <i>Mass Disaster Victim Identification</i>	<input type="text"/>	(7.5)
<u>MONDAY TOTAL HOURS:</u>		<input type="text"/>	
<u>TUESDAY, FEBRUARY 18</u>			
7:00 am - 8:30 am	BREAKFAST SEMINAR #2: <i>Writing & Publishing the Experiences of a Forensic Pathologist</i>	<input type="text"/>	(.75)
8:30 am - 12:00 pm	WORKSHOP #15: <i>Dementia Workup for Forensic Pathologists</i>	<input type="text"/>	(3.25)
8:30 am - 12:00 pm	WORKSHOP #16: <i>Forensic Multimedia Authentication</i>	<input type="text"/>	(3.0)
8:30 am - 12:00 pm	WORKSHOP #17: <i>The Murder of Women: A Global Issue That Demands Action</i>	<input type="text"/>	(3.0)
8:30 am - 12:30 pm	WORKSHOP #18: <i>Injury Biomechanics</i>	<input type="text"/>	(3.5)
8:30 am - 12:30 pm	WORKSHOP #19: <i>Think Tank on the Leading Edge of Forensic Science</i>	<input type="text"/>	(3.75)
8:30 am - 4:45 pm	WORKSHOP #20: <i>Genetic Genealogy</i>	<input type="text"/>	(6.75)
8:30 am - 5:00 pm	WORKSHOP #21: <i>A Decade of Designer Drugs</i>	<input type="text"/>	(6.75)
8:30 am - 5:00 pm	SPECIAL SESSION #1: <i>Interdisciplinary Symposium - Progress Since 2009 NAS Report</i>	<input type="text"/>	(6.5)
8:30 am - 5:00 pm	SPECIAL SESSION #2: <i>Young Forensic Scientists Forum</i>	<input type="text"/>	(6.0)
8:30 am - 5:00 pm	WORKSHOP #22: <i>Successfully Navigating the Judicial System as an Expert Witness</i>	<input type="text"/>	(6.75)

			HOURS ATTENDED	(MAX Hours)
			↓ ↓ ↓	
<u>TUESDAY, FEBRUARY 18</u>				
8:30 am - 5:00 pm	WORKSHOP #23: <i>Dispelling the Myths About the Forensic Examination of Handprinting</i>	<input type="text"/>		(6.75)
8:30 am - 5:00 pm	WORKSHOP #24: <i>Forensic Postmortem Radiology</i>	<input type="text"/>		(7.0)
8:30 am - 5:00 pm	WORKSHOP #25: <i>Working Toward a Wellness Mindset for Forensic & Investigative Personnel</i>	<input type="text"/>		(6.5)
1:00 pm - 5:00 pm	WORKSHOP #26: <i>Overcoming Analytical Challenge Inherent in New Psychoactive Substances</i>	<input type="text"/>		(3.75)
<u>TUESDAY TOTAL HOURS:</u>			<input type="text"/>	

WEDNESDAY, FEBRUARY 19

7:00 am - 8:30 am	BREAKFAST SEMINAR #3: <i>The Science Behind Traffic Accident Reconstruction</i>	<input type="text"/>		(.75)
9:00 am - 11:30 am	Plenary Session	<input type="text"/>		(2.25)
11:30 am - 1:00 pm	Poster Sessions (<i>viewing starts at 10:00 am; presenters available starting at 11:30 am</i>)	<input type="text"/>		(1.5)
7:30 pm - 9:00 pm	Toxicology Poster Session	<input type="text"/>		(1.5)
<u>WEDNESDAY TOTAL HOURS:</u>			<input type="text"/>	

THURSDAY, FEBRUARY 20

7:00 am - 8:30 am	BREAKFAST SEMINAR #4: <i>A Tour of a Cannabis Extract Manufacturing Facility</i>	<input type="text"/>		(.75)
<u>Morning Scientific Sessions:</u>				
8:30 am - 11:30 am	Anthropology Session I - <i>Search & Recovery Protocols & ID of Victims in Wildfires</i>	<input type="text"/>		(2.75)
8:30 am - 11:35 am	Psychiatry & Behavioral Science	<input type="text"/>		(2.75)
8:30 am - 11:55 am	Odontology	<input type="text"/>		(3.25)
8:30 am - 12:00 pm	Anthropology Session II - <i>Taphonomy/Postmortem Interval & Investigating Deaths of Missing Migrants</i>	<input type="text"/>		(3.0)
8:30 am - 12:00 pm	Criminalistics Session I - <i>Sample Collection & Body Fluids and Screening</i>	<input type="text"/>		(3.25)
8:30 am - 12:00 pm	Digital & Multimedia Sciences	<input type="text"/>		(3.25)
8:30 am - 12:00 pm	General	<input type="text"/>		(3.25)
8:30 am - 12:00 pm	Multidisciplinary Session - Criminalistics Session II & Engineering & Applied Sciences Session II	<input type="text"/>		(3.25)
8:30 am - 12:00 pm	Pathology/Biology Session I - <i>Natural Disease/Death Education & Environmental Deaths</i>	<input type="text"/>		(3.25)
8:30 am - 12:00 pm	Questioned Documents	<input type="text"/>		(3.25)
8:30 am - 12:25 pm	Engineering & Applied Sciences Session I - <i>Weapons & Fire/Explosion & Samples/Magnets/Trace</i>	<input type="text"/>		(3.5)
8:45 am - 12:00 pm	Jurisprudence	<input type="text"/>		(3.0)
9:00 am - 11:45 am	Toxicology	<input type="text"/>		(2.25)
9:00 am - 12:00 pm	Pathology/Biology Session II - <i>Jay Dix Memorial Bonus Day</i>	<input type="text"/>		(2.75)
11:30 am - 1:00 pm	Poster Sessions **You may not claim 1.5 hrs if your am session ended after 11:30**	<input type="text"/>		(1.5)
12:00 pm - 1:30 pm	LUNCHEON SEMINAR #1: <i>The Disappearance and Murder of Sierra LaMar</i>	<input type="text"/>		(1.0)
<u>Afternoon Scientific Sessions:</u>				
12:45 pm - 5:30 pm	Anthropology Session I – <i>Human Rights & Migration & Diversity & Inclusion Symposium</i>	<input type="text"/>		(4.5)
1:00 pm - 3:10 pm	Psychiatry & Behavioral Science	<input type="text"/>		(2.25)
1:00 pm - 4:45 pm	Jurisprudence	<input type="text"/>		(3.5)
1:00 pm - 4:45 pm	Toxicology	<input type="text"/>		(3.5)
1:00 pm - 5:00 pm	General	<input type="text"/>		(3.75)
1:00 pm - 5:00 pm	Pathology/Biology Session I – <i>Investigation/Identification & Decomposition/DNA</i>	<input type="text"/>		(3.5)

	HOURS ATTENDED ↓ ↓ ↓	(MAX Hours)
THURSDAY, FEBRUARY 20		
1:00 pm - 5:00 pm	Questioned Documents	(3.75)
1:00 pm - 5:05 pm	Digital & Multimedia Sciences	(3.75)
1:00 pm - 5:10 pm	Criminalistics Session I - <i>Sample Prep & Extraction & Non-Human DNA</i>	(3.75)
1:00 pm - 5:30 pm	Anthropology Session II – <i>Puerto Rico & Crossing Borders</i>	(4.25)
1:25 pm - 5:00 pm	Engineering & Applied Sciences Session I – <i>Forensic Linguistics & Collision Analysis</i>	(3.25)
1:30 pm - 4:50 pm	Criminalistics Session II – <i>Explosives, Firearms, GSR</i>	(3.0)
1:30 pm - 4:50 pm	Odontology	(2.75)
2:00 pm - 3:50 pm	Pathology/Biology Session II - <i>Jay Dix Memorial Bonus Day</i>	(1.75)
8:00 pm - 10:00 pm	Last Word Society	(2.0)
THURSDAY TOTAL HOURS:		()

FRIDAY, FEBRUARY 21

7:00 am - 8:30 am	BREAKFAST SEMINAR #5: <i>Practical Aspects of Developing and Incorporating PMCT</i>	(0.75)
7:00 am - 8:30 am	BREAKFAST SEMINAR #6: <i>Is a Soldier's Combat Stress a Reason to Commit 5 Murders?</i>	(0.75)
Morning Scientific Sessions:		
8:30 am - 11:00 am	Psychiatry & Behavioral Science	(2.5)
8:30 am - 11:45 am	Anthropology	(3.0)
8:30 am - 11:45 am	Criminalistics Session III – <i>Drugs I & Drugs II</i>	(2.5)
8:30 am - 11:50 am	Digital & Multimedia Sciences	(3.0)
8:30 am - 11:50 am	Engineering & Applied Sciences	(3.25)
8:30 am - 12:00 pm	Criminalistics Session I – <i>Massive Parallel Sequencing & SNPs & Forensic Biology</i>	(3.0)
8:30 am - 12:00 pm	General	(3.25)
8:30 am - 12:00 pm	Jurisprudence	(3.0)
8:30 am - 12:00 pm	Multidisciplinary Session - Pathology/Biology Session I & Toxicology	(3.25)
8:30 am - 12:00 pm	Odontology	(3.25)
8:30 am - 12:00 pm	Pathology/Biology Session II – <i>Microbiome/Forensic Entomology & Postmortem Radiology</i>	(3.25)
8:30 am - 12:10 pm	Questioned Documents	(3.5)
8:30 am - 12:30 pm	Criminalistics Session II – <i>Latent Print I & Latent Print II/Impressions</i>	(3.75)
11:30 am - 1:00 pm	Poster Sessions **You may not claim 1.5 hrs if your am session ended after 11:30**	(1.5)
12:00 pm - 1:30 pm	LUNCHEON SEMINAR #2: <i>Fingerprinting the Brain: Mind, Memories, and Malingering</i>	(1.0)
Afternoon Scientific Sessions:		
1:00 pm - 2:15 pm	Criminalistics Session III - <i>Drugs III</i>	(1.25)
1:00 pm - 3:30 pm	Psychiatry & Behavioral Science	(2.25)
1:00 pm - 5:00 pm	General	(3.75)
1:00 pm - 5:00 pm	Pathology/Biology Session I – <i>Tracking Traumatic Injury & Unusual/Confounding Deaths</i>	(3.75)
1:00 pm - 5:00 pm	Pathology/Biology Session II - <i>Pediatric/Maternal Mortality & Ancillary Studies/Anatomic Assessment</i>	(3.5)
1:00 pm - 5:00 pm	Toxicology	(3.75)
1:00 pm - 5:30 pm	Criminalistics Session I – <i>Bones/Hair & Probabilistic Genotyping & Sexual Assault & Education</i>	(3.75)
1:10 pm - 4:55 pm	Questioned Documents	(3.5)
1:15 pm - 4:45 pm	Multidisciplinary Session - Digital & Multimedia Sciences & Jurisprudence	(3.25)

	HOURS ATTENDED ↓ ↓ ↓	(MAX Hours)
FRIDAY, FEBRUARY 21		
1:00 pm - 5:30 pm Anthropology	<input type="text"/>	(4.25)
1:45 pm - 4:25 pm Odontology	<input type="text"/>	(3.25)
1:45 pm - 4:50 pm Criminalistics Session II – <i>Ignitable Liquid Residue Analysis I & Ignitable Liquid Analysis II</i>	<input type="text"/>	(2.75)
FRIDAY TOTAL HOURS:	<input type="text"/>	

SATURDAY, FEBRUARY 22		
8:30 am - 10:45 pm Psychiatry & Behavioral Science	<input type="text"/>	(2.0)
8:30 am - 11:20 am Criminalistics Session II - <i>Trace I & Trace II/Thanatochemistry</i>	<input type="text"/>	(2.75)
8:30 am - 11:45 am Criminalistics Session I - <i>Drugs IV & V</i>	<input type="text"/>	(3.0)
SATURDAY TOTAL HOURS:	<input type="text"/>	

DAILY TOTALS:

MONDAY TOTAL HOURS: _____

TUESDAY TOTAL HOURS: _____

WEDNESDAY TOTAL HOURS: _____

THURSDAY TOTAL HOURS: _____

FRIDAY TOTAL HOURS: _____

SATURDAY TOTAL HOURS: _____

**GRAND TOTAL OF
REQUESTED CE HOURS:**

**Please note that that the number of hours requested may not be the number of hours issued after administrative review.*

OVERALL PROGRAM EVALUATION

Completion of evaluations is optional. Evaluation responses are helpful to AAFS in evaluating your learning, the effectiveness of the meeting and the continuing education program, and in the planning of future meetings. All responses will be kept anonymous and will be used to evaluate the program.

Was the content of this activity fair, balanced, objective and free of bias? Yes No

If “No”, please explain: _____

TOPICS (continuing education needs) that you would recommend for presentation at a future meeting.

INDIVIDUAL SESSION EVALUATION FORMS

*For each evaluation, please identify by using the **session titles** as listed on the “Session Attendance Worksheet” (e.g. “Workshop #5” or “Pathology/Biology Session I - AM”). **Please identify all Scientific Sessions as “AM” or “PM”.***

SESSION DATE: <u>2/</u> / <u>20</u> SESSION TITLE: _____		
Were the presentation's stated objectives met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this presentation improve your competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve patient outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No / Not Applicable

SESSION DATE: <u>2/</u> / <u>20</u> SESSION TITLE: _____		
Were the presentation's stated objectives met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this presentation improve your competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did this presentation improve your competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve patient outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No / Not Applicable

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
| Were the presentation's stated objectives met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did this presentation improve your competence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
| Were the presentation's stated objectives met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
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| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
| Were the presentation's stated objectives met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
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| Did this presentation improve your competence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
| Were the presentation's stated objectives met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
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| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
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| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

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- | | | |
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| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

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- | | | |
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| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
| Were the presentation's stated objectives met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

- | | | |
|--|------------------------------|--|
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| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

SESSION DATE: 2/ /20 **SESSION TITLE:** _____

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| Did this presentation improve your competence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve your performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this presentation improve patient outcomes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No / Not Applicable |

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