

ACTIVITY TITLE:	42-Year-Old Female with a Cough
DATES VALID:	April 1, 2011 – July 1, 2011
CREDITS AVAILABLE:	1 Category 1 PRA AMA Credits™, 1 Hour Category 2B, AOA

INSTRUCTIONS: Please complete this form and return it to the address or fax number below.

PLEASE PRINT CLEARLY	FULL NAME		DEGREE(s)	
	Last 4 Digits of SSN (for tracking)		or AOA Number (if applicable)	
	MAILING ADDRESS			
	PHONE		FAX	
	E-MAIL			

QUESTION RESPONSES					
Q #	A	B	C	D	E
1	(A)	(B)	(C)	(D)	(E)
2	(A)	(B)	(C)	(D)	(E)
3	(A)	(B)	(C)	(D)	(E)
4	(A)	(B)	(C)	(D)	(E)
5	(A)	(B)	(C)	(D)	(E)

ONLINE:
www.RegisterWithUNT.com
 Verification Code: COPD11

MAIL TO:
 UNTHSC/PACE Office
 3500 Camp Bowie Blvd
 Fort Worth, TX 76107

OR FAX TO:
 817-735-2598

Your certificate will be mailed within three weeks of receipt.

Scale: P=Poor F=Fair G=Good VG=Very Good E=Excellent

LEARNING OBJECTIVES

		P	F	G	V	E
		(1)	(2)	(3)	(4)	(5)
1	Recognize the impact of Alpha 1 antitrypsin deficiency on COPD;	(1)	(2)	(3)	(4)	(5)
2	Identify patient population at risk of COPD due to Alpha 1 antitrypsin deficiency; and	(1)	(2)	(3)	(4)	(5)
3	Become familiar with treatment options for patients with COPD.	(1)	(2)	(3)	(4)	(5)

CONTENT

4	To what extent this activity is fair and balanced.	(1)	(2)	(3)	(4)	(5)
5	Likelihood that you will implement change in your practice based on information from this activity.	(1)	(2)	(3)	(4)	(5)
6	Your OVERALL rating of this activity.	(1)	(2)	(3)	(4)	(5)

PRACTICE

7	I am better equipped to educate my patients regarding COPD.	(1)	(2)	(3)	(4)	(5)
8	I am better equipped to help my patients set realistic expectations during treatment.	(1)	(2)	(3)	(4)	(5)
9	I am better able to educate my patients on environmental and behavioral risks which increase disease progression.	(1)	(2)	(3)	(4)	(5)
10	I am better equipped to educate my patients on pharmacologic and non-pharmacologic therapies for COPD.	(1)	(2)	(3)	(4)	(5)
11	What is your greatest challenge when treating COPD?					

SIGNATURE

DATE