

**Activity Evaluation Form and Application for Continuing Medical Education Credit
THE Aesthetic Academy 2017**

Advanced Hands-On Injectable Training – Neurotoxin and Dermal Filler Techniques
November 18 – November 19 • Hyatt Regency Newport Beach

We greatly value your opinion. Please complete this evaluation and submit it to the registration desk at the conclusion of this activity. Your responses will be used in future planning of activities and materials.

I am a: MD DO PharmD RN NP PA Other _____

Upon completion of this activity, participants will be able to:	Strongly Disagree	Disagree	Agree	Strongly agree
<ul style="list-style-type: none"> Describe the aesthetic evaluation process, especially as it relates to assessing and restoring volume to the face and needs for facial rejuvenation. 	1	2	3	4
<ul style="list-style-type: none"> Compare botulinum toxin treatment and dermal filler treatment outcomes, safety, risks, complications, costs and benefits, among other factors that may be applicable to your practice. 	1	2	3	4
<ul style="list-style-type: none"> Choose an appropriate neurotoxin or dermal filler based on the area of desired correction 	1	2	3	4
<ul style="list-style-type: none"> Select appropriate augmentation therapies based on patient characteristics, needs and goals. 	1	2	3	4
<ul style="list-style-type: none"> Demonstrate the advanced injection techniques required to obtain optimal results in the aging face 	1	2	3	4
<ul style="list-style-type: none"> Distinguish how appropriate injection techniques and proper patient selection can minimize complications 	1	2	3	4
Please indicate the extent of your agreement with the following statements:	Strongly Disagree	Disagree	Agree	Strongly agree
<ul style="list-style-type: none"> The faculty for this activity were effective 	1	2	3	4
<ul style="list-style-type: none"> The teaching and learning methods were effective 	1	2	3	4
<ul style="list-style-type: none"> The learning assessment used for this activity was appropriate 	1	2	3	4

- Overall, was this activity free from bias?
 - Yes
 - No
- Of the patients you will see in the next week, about how many will benefit from the information you learned today?
 - More than 50
 - 26 to 50
 - 11 to 25
 - 1 to 10
 - Not applicable
- Based on what I learned today, I will improve my practice by incorporating the following (check all that apply):
 - Improved diagnosis/patient assessment
 - Useful therapies and appropriate uses
 - Cutting-edge science in this therapeutic area
 - Best practices of my colleagues and leaders
 - I do not plan to make any changes to my practice at this time
 - Other (explain) _____

- Which ONE delivery method do you find the most effective for CME/CE learning?
 - Live symposia at national/regional conferences
 - Live local meetings
 - Live grand rounds
 - Internet webcasts
 - Internet/print monographs
 - Other (explain) _____

- Please rate the professional practice value of each of the following in terms of improving your practice:

	Least Valuable	Somewhat Valuable	Valuable	Most Valuable
Today's CME event	1	2	3	4
Direct to consumer advertising	1	2	3	4
Sales representative visits	1	2	3	4
Promotional/other non-certified education	1	2	3	4

- Based on your experience, which of the following are the primary barriers to implementing changes in practice (check all that apply):
 - Lack of knowledge regarding evidence-based strategies
 - Lack of convincing evidence to warrant change
 - Lack of time/resources to consider change
 - Insurance, reimbursement or legal issues
 - Other (explain) _____
- What motivated you to participate in this activity?
 - CME credits
 - Faculty
 - Topic or Therapeutic area
- According to the American Society for Aesthetic Plastic Surgery, which age group is now receiving the largest number of aesthetic procedures?
 - 35 to 50 years
 - 50 to 62 years
 - 62 to 70 years
 - Younger than 35 years
- A 29-year-old patient has no volume loss or wrinkles. She informed you that she was just treated a month ago with filler and toxins. She insists that you treat her. What is the preferred treatment plan for this situation?
 - Do as she wishes and treat her with dermal filler and toxins.
 - Explain to her that she needs to postpone all treatments until she is older and volume loss and wrinkles are more significant.
 - Treat her with just toxins and explain to her she needs to wait on the filler until she has significant volume loss.
 - Tell her you will not treat her as it is too close of treatments.
 - #2 & # 4
- A 52-year-old patient has significant mid-face volume loss that is producing a pronounced tear trough deformity. What is the preferred treatment plan to minimize adverse effects?
 - Treat with hyaluronic acid filler using a blunt-tipped cannula
 - Treat with poly-L-lactic acid filler using a blunt-tipped cannula
 - Treat with hyaluronic acid filler using a 26-gauge needle
 - Treat with poly-L-lactic acid filler using a 26-gauge needle

Other Comments:

Application for Continuing Medical Education Credit

For purposes of certification, please complete the following information. Please note that we will not forward or sell your contact information. **Please PRINT clearly in the boxes provided.**

Degree	<input type="radio"/> M.D.	<input type="radio"/> D.O.	<input type="radio"/> Pharm.D.	<input type="radio"/> R.N.	<input type="radio"/> N.P.	<input type="radio"/> P.A.	<input type="radio"/> Other _____
Credit Request Type	<input type="radio"/> ACCME	<input type="radio"/> ANCC	<input type="radio"/>	<input type="radio"/> Other _____			

For Pharmacists Only:	NABP #:	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr> </table>					Date of Birth (MMDD)	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr> </table>				

*LAST NAME (please print in boxes)	Middle Initial	*FIRST NAME							
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*STREET ADDRESS (please print in boxes)	
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*CITY (please print in boxes)	*STATE	*ZIP CODE					
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*STATE of LICENSE(S) --- REQUIRED TO RECEIVE CERTIFICATE					
LICENSE NUMBER	LICENSE NUMBER	FAX			
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*EMAIL ADDRESS (please print in boxes)--- REQUIRED TO RECEIVE CERTIFICATE---	
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Global Education Group (Global) and Medical Insight are interested in adding to our base of faculty and educational development. To help us better plan for education in this area, and to invite you to partake in future educational development, we may contact you for your expertise. If you opt NOT to be contacted in the future, please check the box below:

NO, I do NOT want to be contacted in the future

I certify my actual time spent to complete this educational activity to be (check one):

I participated in the entire activity and claim **8** credits.

I participated in only part of the activity and claim _____ credits.

I certify that I have participated in the continuing education activity entitled, THE Aesthetic Academy 2017.

Signature: _____ Date: _____

Please return this form to the registration desk. Only completed forms will be processed for credit. Please allow 6-8 weeks to receive your certificate. Thank you for participating in this activity.