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: OMD ODO PharmD RN NP	Other		_			
Upon completion of this activity, participants will be able to:	Strongly Disagree	Disagree	Agree	Strongly agree		
 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		
 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		
Choose an appropriate neurotoxin or dermal filler based on the area of desired correction	1	2	3	4		
 Select appropriate augmentation therapies based on patient characteristics, needs and goals. 	1	2	3	4		
Demonstrate the advanced injection techniques required to obtain optimal results in the aging face	1	2	3	4		
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		
The faculty for this activity were effective	1	2	3	4		
The teaching and learning methods were effective	1	2	3	4		
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 made in the next week, a						
 Improved diagnosis/patient assessment 		0 (223 3 4	- r r 11:			
 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 thi	s time					
Other (evoluin)						

Live symposia at national/regional cLive local meetingsLive grand rounds	onferences		vebcasts print monographs plain)	
Please rate the professional practice valu				
	Least Valuable	Somewhat Valuable	Valuable	Most Valuable
oday's CME event	1	2	3	4
Direct to consumer advertising	1	2	3	4
Sales representative visits Promotional/other non-certified education	1 1	2 2	3	4
Based on your experience, which of the f (check all that apply): Lack of knowledge regarding evidence Lack of convincing evidence to warr. Lack of time/resources to consider of Insurance, reimbursement or legal is Other (explain) What motivated you to participate in this CME credits Faculty Topic or Therapeutic area	ce-based strategies ant change change ssues		ting changes in prac	rtice
According to the American Society for Ae procedures? () 35 to 50 years () 50 to 62 years () 62 to 70 years () Younger than 35 years	esthetic Plastic Surger	ry, which age group is now	receiving the large	st number of aesthetic
A 29-year-old patient has no volume loss toxins. She insists that you treat her. Wh. ()Do as she wishes and treat her wire ()Explain to her that she needs to posignificant. ()Treat her with just toxins and explain ()Tell her you will not treat her as it () #2 & #4	at is the preferred tre th dermal filler and to ostpone all treatmer lain to her she needs	eatment plan for this situal oxins. hts until she is older and vo to wait on the filler until s	tion? olume loss and wrii	nkles are more
A 52-year-old patient has significant mid- preferred treatment plan to minimize ad	verse effects? ing a blunt-tipped ca	nnula	ed tear trough defo	rmity. What is the
()Treat with hyaluronic acid filler us ()Treat with poly-L-lactic acid filler us ()Treat with hyaluronic acid filler us ()Treat with poly-L-lactic acid filler us	ing a 26-gauge needl	e		

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.

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your certificate. Thank you for participating in this activity.