## **Activity Evaluation Form and Application for Continuing Medical Education Credit** The Aesthetic Academy 2018

November 17 – November 18 ● Park Hyatt Aviara 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 ORN ONP OPA Other \_\_\_\_\_ \*Track 1 Learning Objectives – skip this section if you did not attend Track 1\* 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 1 2 3 4 and needs for facial rejuvenation. Compare botulinum toxin treatment and dermal filler treatment outcomes, safety, risks, complications, costs and benefits, among other factors that may be

	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
•	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
•	Select appropriate augmentation therapies based on patient characteristics, needs and goals.	1	2	3	4
	*Track 2 Learning Objectives – ski	p this section if	you did not at	ttend Track 2*	
Upon co	empletion of this activity, participants will be able to:	Strongly Disagree	Disagree	Agree	Strongly agree
•	Identify the latest and most current aesthetic techniques, trends and procedures	1	2	3	4
•	Outline appropriate treatment modalities and duration of action required.	1	2	3	4
•	Explain how to clinically assess a patient, council a patient and suggest a treatment to a patient.	1	2	3	4
•	Understand which hair loss patients are appropriate candidates for hair restoration and rejuvenation	1	2	3	4
•	Understand how to choose the best treatment for hair loss patients	1	2	3	4
•	Identify and understand the most current regenerative treatments available	1	2	3	4
•	Describe the latest uses of cosmeceuticals in an aesthetic medical practice.	1	2	3	4
•	Select appropriate augmentation therapies based on patient characteristics, needs and goals.	1	2	3	4
	<u> </u>				

For Internal Use Only: Project ID: **TBA** 

*All attendees complete the next section*														
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				
O No				
Of the patients you will see in the next v	week, about how mar	ny will benefit from the inf	ormation you learn	ed today?
○ More than 50				
O 26 to 50				
11 to 25				
1 to 10				
O Not applicable				
Based on what I learned today, I will imp	prove my practice by i	incorporating the following	g (check all that app	oly):
<ul> <li>Improved diagnosis/patient assessr</li> </ul>	nent			
<ul> <li>Useful therapies and appropriate us</li> </ul>	ses			
<ul> <li>Cutting-edge science in this therape</li> </ul>	eutic area			
Best practices of my colleagues and	leaders			
I do not plan to make any changes to		time		
Other (explain)				
Which ONE delivery method do you find  Live symposia at national/regional of Live local meetings  Live grand rounds		○ Internet v	vebcasts orint monographs plain)	
Please rate the professional practice value	ue of <u>each</u> of the follo	owing in terms of improvin	g your practice:	
	Least Valuable	Somewhat Valuable	Valuable	Most Valuable
day's CME event	1	2	3	4
rect to consumer advertising	1	2	3	4
les representative visits	1	2	4	
omotional/other non-certified education	1	2	3	4
Based on your experience, which of the (check all that apply):  Lack of knowledge regarding evider		nary barriers to implement	ting changes in pra	ctice
Lack of convincing evidence to warr	ant change			
Lack of time/resources to consider	change			

O Insurance, reimbursement or legal issues

Other (explain)\_

•	vvna	at mo	tivate	a you t	o pan	истра	ite in	unis	activi	Ly!																		
	$\bigcirc$	CME	credi	its																								
	$\bigcirc$	Facu	lty																									
	$\bigcirc$	Topi	c or T	herape	utic a	rea																						
		ording cedure		ne Ame	rican S	Socie	ty fo	r Aes	theti	c Pla	stic S	Surge	ry, v	which	age g	roup	is no	ow re	ceivi	ng th	ne la	rgest	num	nber (	of ae	stheti	ic	
				5 years																								
				0 years																								
				2 years																								
				0 years																								
		( ) Yo	ounge	r than :	35 yea	ars																						
•	Acc	( ) Re	egene	mericai rative <i>l</i>	Aesthe	etics		sthet	ic Pla	stic	Surg	ery, v	wha	t are t	he m	ost t	rendi	ng ae	esthe	tic p	roce	dure	(s) in	2017	7:			
				estheti	Trea	tmer	nts																					
				naping																								
				storatio	on																							
		( ) AI	I the a	above																								
•		xins.	She ir	d patie	at yo	u tre	at he	r. Wl	hat is	the	pref	errec	d tre	atme	•						d a m	onth	n ago	with	i fille	r and		
				she wis n to he											l cho i	اد ماد	lor ar	nd vo	dum	loce	anc	l wri	aklac	aro	more	,		
			ifican		tilat	3116 1	ileeu	5 tO F	Josth	UHE	all ti	Catii	ieni	.s unu	3116	13 010	ici ai	iu vo	num	: 1033	anc	ı vvi ii	IKIES	ale	111016			
		_		ner wit	h iust	toxir	ns and	d exn	ılain t	to he	r sh	e nee	ds t	n wai	t on t	he fi	ller u	ntil s	he h	as sig	nific	ant	volur	ne lo	SS			
				er you v											COITE	110 11	iici u	11(11 3	110 11	عاد دی	5111110	,ant v	voidi	110 10	JJ.			
			2 & #																									
•				d patie									tha	t is pr	oduci	ng a	pron	ounc	ed to	ear ti	oug	h de	form	ity. V	Vhat	is the	5	
	pr			atmen																								
				with hy					_																			
				with po											1													
				with hy with po					_																			
		() 1	reat v	with pt	iy-L-ic	ictic	aciu	illei	usirie	3 a 20	)-gat	uge II	ieeu	ile														
Othe	er Co	mme	nts:																									
						App	olica	tior	n fo	r Co	nti	nuiı	ng I	Med	ical	Edι	ıcati	ion	Cre	dit								
				ificatio							-	nforr	nati	on. Pl	ease r	note	that	we w	ill no	t for	war	d or s	sell y	our c	onta	ct		
infor	mat	ion. F	Please	PRINT	clear	ly in	the b	oxes	prov	/ided	l.																	
Degre	ee			MD		С	DO			<b>○</b> P	harm	nD		○ RN	l		0	NP			$\bigcirc$ I	PA		0	Othe	r		
Credi	t Rec	quest		) ACCM	F		ANC	r														Other						
Туре					_		,,,,,,																					
LAST	NAN	ΛΕ (ple	ase pr	rint in b	oxes)					ı	Midd	lle Init	tial	*FIRS	T NAN	ΛE												
		"																										
STRE	ET A	DDRES	S (ple	ase prir	t in bo	oxes)				,										1		_		,				
																						$\perp$						
CITY (	(plea	se prir	nt in b	oxes)									1						l	*	STAT	<u>TE</u>		*ZIP (	ODE	$\top$	I	Τ
l_												<u> </u>	<u> </u>						<u> </u>			<u> Ш</u>					1	Ш
TAT	E of I	LICENS		REQU			CEIVI	CER"	TIFICA	ATE		HC	ENICE	. NII 184	RED		- A V											
<u> </u>	- 1			ICENSE	NOIVIB	EK						LICE	LIVSE	NUM	DEK		AX			1_		$\top$		Τ.		$\neg$		$\neg$
															1	1				1 -				-				

*EIV	'EMAIL ADDRESS (please print in boxes) REQUIRED TO RECEIVE CERTIFICATE																										
be	Global Education Group (Global) and UBM 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 13 credits.  I participated in only part of the activity and claim credits.																										
Ιc	erti	fy tha	ıt I ha	ave p	artio	ipat	ed ir	the	cont	inuing	educ	ation	acti	vity enti	iled,	The	Aest	hetio	c Aca	aden	ny 20	018.					
Sig	gnat	ure:												D	ate:_												
Pl	eas	e retu	rn thi	s for	m to	the r	eaist	ratio	n des	k. Onlv	amo	leted	form	s will be	proce	ssed	for c	redit	. Pled	ase a	llow	6-8 ı	veek	s to	receiv	<i>ie</i>	

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.

Page 4 of 4 – Global Education Group, Fax: 303-648-5311

For Internal Use Only: Project ID: TBA

Date Sent: \_\_\_\_\_