SAPS CME
SOUTHERN ALLIANCE FOR PHYSICIAN SPECIALTIES
CONTINUING MEDICAL EDUCATION

ACCREDITED CONTINUING EDUCATION ACTIVITY EVALUATION

Activity Title: _____

Speaker: _____ **Date:** _____

I am: Physician: ☐ Physician in Training: ☐ Nurse/APRN: ☐ PA: ☐ Other: ☐

After attending this program, I plan to make the following changes to my practice, (mark all that apply):

a. Modify Treatment Plans: ☐
b. Change Screening/Prevention practice: ☐
c. Incorporate different diagnostic strategies into patient evaluation: ☐
d. Use alternative communication methodologies with patients & families: ☐
e. Other (specify below): ☐

Specify: _____

This program will help me improve my practice in the following areas: (mark all that apply):

Knowledge ☐ Competence ☐ Performance ☐

Comments: _____

Please suggest future topics and/or speakers:

_____

The Southern Alliance for Physician Specialties CME designates this live activity for a maximum of ☐ *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I certify that I attended this Accredited Continuing Education Activity and claim ☐ AMA PRA Category 1 Credit(s)™

Name & Degree: _____

Email: _____ **DOB:(MM/DD)**_____

License#: _____ **STATE**:_____

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of Georgia through the joint providership of Southern Alliance for Physician Specialties CME and _____ The Southern Alliance for Physician Specialties CME is accredited by the Medical Association of Georgia to provide accredited continuing education for physicians.