NIH / FAES CME COMMITTEE
UNIVERSAL PRECAUTIONS AND TUBERCULOSIS TRAINING EVALUATION FORM

Universal Precautions and Tuberculosis Training Evaluation Form
Training Date:___/___/2004
Hospital Epidemiology Service, Office of the Director, Clinical Center, NIH

PRESENTED BY: **Hospital Epidemiology Service**

CONTINUING MEDICAL EDUCATION CREDIT:
The National Institutes of Health/Foundation for Advanced Education in the Sciences is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The National Institutes of Health/Foundation for Advanced Education in the Sciences designates this educational activity for a maximum of **one** hour in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

To obtain certification of attendance, please complete **both** sides of this form.

Estimated time to complete this educational activity is one hour. The completed form can be either faxed to **Annette Booze**
Hospital Epidemiology Service
Fax 301-496-0457

or mailed to: **Annette Booze**
Hospital Epidemiology Service
9000 Rockville Pike MSC 1354
Building 10, Room 10S239
Bethesda, MD 20892-1354

I have completed one hour of the following session(s) of the
Universal Precautions and Tuberculosis Training on ___/___/2004

Please indicate the actual time spent studying for and performing this educational activity:_____
Certificate of Attendance Should Be Mailed To: (please print)

_____ _____ _____/_____/X X
Name - Last First MI Professional Degree DOB (month/day)
Required for CME

_____ _____ _____ _____ _____
Phone Email Organization Institute/Center Dept/Branch

_____
Street Address/P.O. Box

_____
City State Zip Code

****IMPORTANT***COMPLETE BOTH SIDES OF FORM FOR CME****IMPORTANT**

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EVALUATION continued **Page two**

Training Date:___/___/2004

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Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by circling the number that represents your answer.

Scale:					
	1	=	None or not at all	4 =	Considerably
	2	=	Very little	5 =	Completely
	3	=	Moderately	N/A=	Not applicable

A. Rating of Objectives and Program

1. Please rate the attainment of objectives:
   a) I can list the most common bloodborne pathogens 1 2 3 4 5 N/A
   b) I can describe the difference between active and passive tuberculosis 1 2 3 4 5 N/A
   c) I can discuss the work practice controls needed to prevent occupational exposure to blood and other potentially infectious materials 1 2 3 4 5 N/A
   d) I can contrast the first aid procedures used for sharps injuries and mucous membrane injuries 1 2 3 4 5 N/A
   e) I can discuss the personal barrier equipment available to prevent occupational exposure to blood and other potentially infectious materials 1 2 3 4 5 N/A
2. The overall quality of the instructional process was an asset to the program 1 2 3 4 5 N/A
3. To what extent did participation in this activity enhance your professional effectiveness? 1 2 3 4 5 N/A

B. Indicate the total amount of time spent in this activity (reading, studying, taking the test, filling out the evaluation form: _____hours

C. Comments:

1. What comments or suggestions do you have for the faculty presenter(s)?

_____

_____

2. What will you do differently as a result of attending this educational activity?

_____

_____

3. Are there new topics you would like to have covered in this course or in a related course?

_____

_____

4. Do you have additional comments to enhance the utility or impact of the UP/TB Training?

_____

_____