

Activity Evaluation Form and Application for Continuing Medical Education Credit

THE Aesthetic Show 2017

PRP for Hair Regrowth in an Aesthetics Practice - Dr. Elizabeth Houshmand

July 8, 2017 • 2:15 pm – 3:15 pm • The Wynn Resort

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 Agree	Agree	Disagree	Strongly Disagree
• Understand which Hair Loss Patients are Appropriate Candidates for PRP	④	③	②	①
• Understand Rationale for the Injection Technique and Protocol	④	③	②	①
• Understand the Rationale for the Combination Use of PRP with other modalities.	④	③	②	①
• Understand Business Model/Implementation of PRP for Hair Loss in an Aesthetics Practice	④	③	②	①

Please indicate the extent of your agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree
• The teaching and learning methods were effective	④	③	②	①
• The learning assessment used for this activity was appropriate	④	③	②	①
• The faculty for this activity were effective	④	③	②	①
• Overall, was this activity free from bias? <input type="radio"/> Yes <input type="radio"/> No				
• Of the patients you will see in the next week, about how many will benefit from the information you learned today? <input type="radio"/> More than 50 <input type="radio"/> 26 to 50 <input type="radio"/> 11 to 25 <input type="radio"/> 1 to 10 <input type="radio"/> Not applicable				
• Based on what I learned today, I will improve my practice by incorporating the following (check all that apply): <input type="radio"/> Improved diagnosis/patient assessment <input type="radio"/> Useful therapies and appropriate uses <input type="radio"/> Cutting-edge science in this therapeutic area <input type="radio"/> Best practices of my colleagues and leaders <input type="radio"/> I do not plan to make any changes to my practice at this time <input type="radio"/> 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:

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

- 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
 - Patient adherence/resistance to change
 - Other (explain) _____

- What motivated you to participate in this activity? (check all that apply)

- CME credits
- Faculty
- Topic or Therapeutic area
- Format type

- Which of the following is a good candidate for PRP?
 - A 70 year old male with shiny bald scalp
 - A 26 year old male with less than 3 years of hair loss
 - A 47 year old female with Frontal Fibrosing Alopecia
 - None of the above
- What is the downside of activating PRP ex vivo with Calcium Chloride?
 - Prevents diffusion throughout the scalp
 - Peak growth factor release happens outside of the body
 - Increases burning sensation after injection
 - All of the above
- What is the recommended treatment interval when starting a new hair loss patient on PRP?
 - Monthly
 - Weekly
 - Quarterly
 - Every 6 months
- Which layer of the skin is the recommended depth of injection for PRP?
 - Papillary dermis
 - Reticular Dermis
 - Hypodermis
 - Periosteum

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"/> MD	<input type="radio"/> DO	<input type="radio"/> PharmD	<input type="radio"/> RN	<input type="radio"/> NP	<input type="radio"/> PA	<input type="radio"/> Other _____
Credit Request Type	<input type="radio"/> ACCME	<input type="radio"/> ANCC					<input type="radio"/> Other _____

For Pharmacists Only:	NABP #:					Date of Birth (MMDD)			
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*LAST NAME (please print in boxes)	Middle Initial	*FIRST NAME

*STREET ADDRESS (please print in boxes)

*CITY (please print in boxes)	*STATE	*ZIP CODE

*STATE of LICENSE(S)	FAX
LICENSE NUMBER _____	_____

*EMAIL ADDRESS (please print in boxes)--- REQUIRED TO RECEIVE CERTIFICATE---

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 **1** credit.

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 Show 2017 – PRP for Hair Regrowth in an Aesthetics Practice”**.

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.