

Activity Evaluation Form and Application for Continuing Medical Education Credit
THE Aesthetic Show 2017
PRP for Aesthetics & Sexual Wellness: A Combination Approach for Men and Women
 July 8, 2017 • 1:00 pm – 2:00 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 Aesthetics and Sexual Wellness Patients are Appropriate candidates for PRP | ④ | ③ | ② | ① |
| • Understand Rationale for Combination Therapy for Various Modalities and PRP | ④ | ③ | ② | ① |
| • Understand Rationale for Treatment Protocol with PRP | ④ | ③ | ② | ① |
| • Understand Business Model/Implementation of PRP 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 statements about the aesthetic benefits of PRP is False?
 - PRP will produce noticeable volume improvement if injected into the skin
 - PRP can improve skin tone and reduce healing time with fractional ablative laser treatments
 - PRP is safe for all skin types
 - PRP can increase collagen production compared to the normal wound healing response
- Which of the following statements about the Male Sexual Wellness benefits of PRP is True?
 - 100% of men will see improved function of the penis after injection of PRP
 - Combining PRP with LI-ESWT can stimulate angiogenesis and improve erections in men with ED
 - PRP guarantees an increase in size of the penis
 - Only a single treatment is necessary when combining PRP with LI-ESWT
- True or False? Females may experience an increased intensity of orgasms post PRP injection
 - True
 - False

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 |
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| *STREET ADDRESS (please print in boxes) |
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|-------------------------------|--------|-----------|
| *CITY (please print in boxes) | *STATE | *ZIP CODE |
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| *STATE of LICENSE(S) | FAX |
| LICENSE NUMBER | |
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| *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 Aesthetics & Sexual Wellness: A Combination Approach for Men and Women”**.

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.