

Pharmacists Continuing Education Evaluation Form
Fill out for ACPE Approved Statements of Credit

New Mexico Pharmacists Association
2716 San Pedro NE, Suite C, Albuquerque, New Mexico 87110
(505) 265-8729 / (800) 464-8729 / Fax: (505) 255-8476

“Hepatitis B Overview and Innovation in Immunization”

ACPE# 0104-0000-20-041-H06-P/T 1.0 Contact Hours or 0.1 CEUs

Initial Release Date: 10/2/20

Expiration Date: 4/2/21

<https://www.nmpharmacy.org/event-4027794>

Kelvin McKoy, MD, MBA

Regional Medical Director, Dynavax, Emeryville, CA

Did presenter appropriately cover the Knowledge-based program objectives below: Please rate using the following scale:
1-Poor 2-Fair 3-Good 4-Excellent

By the end of this presentation, pharmacists should be able to:

Knowledge of clinical background of hepatitis B in adults

1 2 3 4

Knowledge of disease burden of hepatitis B in adults

1 2 3 4

Identify hepatitis B adult vaccine recipient recommendations, compliance and response rates

1 2 3 4

Knowledge of available adult hepatitis B vaccines in the U.S. marketplace

1 2 3 4

Identify real-world considerations for hepatitis B protection

1 2 3 4

Please rate the presenter and program using the following scale: 1-Poor 2-Fair 3-Good 4-Excellent

The program and speaker were free from commercialism and bias. *(If not a 4, note in comments on pg. 2)*

1 2 3 4

The program materials met the advertised objectives.

1 2 3 4

The information provided will be useful in my practice.

1 2 3 4

The content was interesting & added to my knowledge.

1 2 3 4

The educational materials were useful.

1 2 3 4

The educational materials were easily accessible.

1 2 3 4

I would like further program offerings on this topic.

1 2 3 4

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Additional Comments:

Name (Print Clearly)

Profession: (R.Ph., CPhT, etc.)

NABP e-Profile ID:

DOB (MMDD)

Employer :

www.MyCPEmonitor.net to obtain ID #)

Address:

(to include in the NMPHA database)

City:

State:

Zip:

Signature:

Date:

(I certify that I attended the above program in its entirety for the continuing education contact hour(s) indicated.)

Phone:

Fax:

E-Mail:

In your practice setting, please list #3 changes that you intend to make as a result of this CPE activity...

1)

2)

3)

Participants are required to turn in a completed program evaluation form to receive the designated CEUs. Your CPE credits will be submitted into the CPE Monitor Database within 60 days based on the information provided on this form.