

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

“Infectious Diseases Guideline Updates-Community Acquired Pneumonia and Asymptomatic Bacteriuria”

ACPE# 0104-0000-20-037-H01-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-4027769>

Molly Benning, PharmD

PGY1 Pharmacy Resident, University of New Mexico Hospital, Albuquerque, NM

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:

Identify the differences between 2007 and 2019 ATS/IDSA CAP guidelines

1 2 3 4

Knowledge of guideline-recommended empiric therapies for out-patient treatment of CAP

1 2 3 4

Identify updates to the IDSA Asymptomatic Bacteriuria

1 2 3 4

Identify when screening and treatment of asymptomatic bacteriuria is recommended

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

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.