

## CATEGORY 1 CME EVALUATION FORM



### **At the conclusion of the session, the participant will be able to:**

1. Establish core medical knowledge in order to analyze and answer medical and clinical questions
2. Effectively compare and contrast similarities and differences between commonly paired diseases in order to improve clinical decisions based on clinical vignettes
3. Interpret lab and diagnostic studies, formulate most likely diagnoses, apply clinical therapeutics with a working knowledge of indications, contraindications, adverse effects and benefits of pharmaceutical therapeutics
4. Identify and recognize core clinical concepts associated to effectively diagnose diseases or initiate a diagnostic pathway that adheres to the accepted standards of medical practice



**CATEGORY 1 CME  
EVALUATION FORM**



**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** (PA, NP, MD, ATC, PT, OT or other) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**1. Did the CME FLIPMED medical application meet all of the learning objectives anticipated?**

- Yes       No

**2. Please rate the educational content of the course**

- Excellent       Good       Average       Poor

**3. Was the educational content clinically relevant to your clinical practice?**

- Excellent       Good       Average       Poor

**4. The stated objectives of this App were.....**

- Exceeded       Met       Not met

**5. Will the knowledge gained throughout this app affect your practice?**

- Very much       Moderately       Minimally       No change

**6. Based on your participation, what will you do differently in the care of your patients?**

- I will
- I will do nothing differently
- Not Applicable (this activity has nothing to do with my practice)

**7. How will your changes in the care of your patients (because of this CME activity) be reflected in the health of your patients?**

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**8. Did the content involve any commercial bias?**

- Yes       No

**9. Did you feel the FLIPMED medical application was valuable?**

- Yes       No

**Please explain why or why not:**

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**10. Please rate the following CME details**

|                              |                                    |                               |                                  |                               |
|------------------------------|------------------------------------|-------------------------------|----------------------------------|-------------------------------|
| <b>Overall Organization</b>  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| <b>Materials</b>             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| <b>Project effectiveness</b> | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

**11. FLIPMED medical application aims to provide a valuable CME program. Please let us know what suggestions you may have to improve this CME program in the future:**

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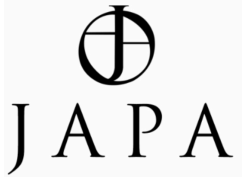
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## CATEGORY 1 CME EVALUATION FORM



### **CME CERTIFICATE**

In order to receive your CME certificate for the use of this app you must do the following:

- 1) Provide proof of purchase (ie receipt)
- 2) Email a screenshot image of your score. Your score must be greater than 450.
- 3) Email the completed self assessment form

Please email all of the aforementioned to [flipmedllc@gmail.com](mailto:flipmedllc@gmail.com)