New York Medical College Evaluation Form for Physicians

Photocopy and mail evaluation form to New York Medical College, Office of Continuing Medical Education, Vosburgh Pavilion, Room 229, Valhalla, NY 10595, prior to November 15, 2008.

Please print legibly. This form will be used to generate and mail your certificate of credit.

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Middle Initial ☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Degree(s) ☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ ZIP Code ☐☐☐☐☐

Phone ☐☐☐ – ☐☐☐ – ☐☐☐☐ Fax ☐☐☐ – ☐☐☐ – ☐☐☐☐

E-mail ☐☐

Specialty: ☐ Oncology ☐ Other: _____

Activity Title: *Evolution of a Treatment Paradigm for Renal Cell Carcinoma: Targeting Multiple Signaling Pathways*

Target Audience: Oncologists **CME No.** *7567* **Designated Credit:** 1.0

Learning Objectives: List the most appropriate treatments available in the management of RCC • Discuss the results from the latest studies on the use of multi-kinase inhibitors in the treatment of RCC • Describe the mechanism of action and list the indications for use of new targeted agents for unresectable and recurrent RCC • Apply the latest NCCN guidelines in the management of patients with RCC

Please provide us with your candid evaluation. We thank you for your comments and appreciate your suggestions for future activities.

After participating in this activity, do you feel that:	Yes	No	Somewhat
1. The content was free of commercial bias?	☐	☐	☐
2. The content was not affected by any faculty conflict of interest?	☐	☐	☐
3. The learning objectives were met?	☐	☐	☐
4. Your skills have been improved?	☐	☐	☐
5. The activity was effective in meeting identified needs?	☐	☐	☐
6. The information gained will assist in improving the health of your patients?	☐	☐	☐

Would you recommend this activity to a colleague? ☐ Yes ☐ No ☐ Maybe

Please rank each of the formats below in order of preference from 1 (highest) to 8 (lowest).

__ Teleconferences __ Home Study (printed) __ Home Study (CD-ROM) __ Internet-based

__ Grand Rounds __ Symposia __ Roundtables __ Association Meetings

Comments/suggestions for future activities: _____

_____

_____

Based on the amount of time you spent on this activity, indicate the number of credits you are claiming up to a maximum of 1.0 credit. Credit claimed _____

Signature _____ Date _____

ANSWER GRID (please circle 1 answer per question)

1.	a	b	c	d	6.	a	b	c	d
2.	a	b	c	d	7.	a	b	c	d
3.	a	b	c	d	8.	a	b	c	d
4.	a	b	c	d	9.	a	b	c	d
5.	a	b	c	d	10.	a	b	c	d

Please contact Continuing Education Alliance at inquiries@cealliance.org for questions regarding this activity.