

Office of Continuing Medical Education

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Date:

Activity title:

Presentation title:

Speaker:

Purpose of Presentation:

List learning objectives:

Objectives: Kind(s) of Learning (see choices below)	To affect: Learner Knowledge	Learner Competence	Learner Performance	Patient Outcome
1.				
2				
2.				
3.				
5.				

A. Problem-Solving Skill

D. Attitudinal Change(s)

B. Diagnostic-Operative Skill

E. Understand Complex Relationships

C. Knowledge

No Commercial Interest will be presented during the presentation. Attach Disclosure Form

Speaker:

Date: