Changing Course:  
Diagnosing and Treating Type 2 Diabetes 

Continuing Medical Education/Continuing Education Participation and Reporting Form 

Use this form to request continuing education credit for this course. Please make copies of this blank form for other members of your office. 

Name________________________________________________Degree(s)________________
Address_______________________________________________________________________
City__________________________________________ST__________Zip_________________
Phone______________________________________FAX______________________________
E-mail address_________________________________________________________________

Please indicate how much time you spent viewing the activity:

DVD #1: The Basics Minutes_______ (max 120)
DVD #2: Patient Profiles Minutes_______ (max 120)
DVD#3: Resources Minutes_______ (max 120)

Please complete the evaluation on the following page.

Signature_______________________________ (I satisfied the requirements for successful completion)

Return this form and the evaluation to:
PACE Office 
3500 Camp Bowie Blvd
Fort Worth TX 76107

Or FAX to: 817-735-2598 
www: http://www.type2diabetes.org
Phone: 800-987-2CME
Changing Course: Diabetes DVD Evaluation

Purpose & Goals:
The purpose of this activity is to equip individual healthcare providers and healthcare teams with information to enhance their understanding of type 2 diabetes. The goal of this activity is to improve the outcomes of patients with type 2 diabetes through earlier diagnosis and more effective treatment and management.

Please rate to what extent you are able to do the following after participating in this activity

<table>
<thead>
<tr>
<th>Scale Definition:</th>
<th>P - Poor</th>
<th>F - Fair</th>
<th>G - Good</th>
<th>VG - Very Good</th>
<th>E - Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clearly explain risk factors for type 2 diabetes to patients</td>
<td>○</td>
<td>○</td>
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<tr>
<td>2. Accurately screen patients for type 2 diabetes</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>3. Diagnose type 2 diabetes using current diagnostic criteria</td>
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<tr>
<td>4. Determine appropriate management and treatment protocols according to nat'l guidelines</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>5. Please rate to what extent the objectives were related to the overall purpose and goals</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>6. Please rate the effectiveness of using a DVD as an instructional method</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>7. Please rate how relevant this activity is to your daily duties</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
<tr>
<td>8. Please rate to what extent this activity was presented WITHOUT commercial bias</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. Approximately how many MINUTES did it take you to complete this activity?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Do you have any suggestions for improving this activity?

What other comments or suggestions do you have, including topic suggestions for future educational activities?

Please complete and return this evaluation and the credit request form to:
PACE Office, 3500 Camp Bowie Blvd., Fort Worth, TX 76107 or fax to (817) 735-2598.
Call (800) 987-2CME for more information.