
Additional comments about this activity:

Follow-up

As part of our continuous quality improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate if you would be willing to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey.
- No, I'm not interested in participating in a follow-up survey.

If you wish to receive acknowledgment for completing for this activity, please complete this evaluation verification of participation, and fax to: (303) 790-4876.

Request for Credit

Name _____ Degree _____
Organization _____ Specialty _____
Address _____
City, State, _____
ZIP _____
Telephone _____ Fax _____ Email _____
Signature _____ Date _____

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 1.0 credits.
- I participated in only part of the activity and claim _____ credits.