

Activity Evaluation Form and Application for Continuing Medical Education Credit

An Alternative Approach in Treating the Tear Trough and Nasolabial Fold Regions Utilizing Specialty Mesh PDO Threads With and Without Filler

Saturday, July 13, 2019
Las Vegas, NV • Wynn Las Vegas

We greatly value your opinion. Please complete this evaluation and submit it to the registration desk at the conclusion of this activity. Your responses will be used in future planning of activities and materials.

I am a: ☐ MD ☐ DO ☐ PharmD/RPh ☐ RN ☐ NP ☐ PA ☐ Other _____

Specialty: _____

Upon completion of this activity, participants will be able to:	Strongly Agree	Agree	Disagree	Strongly Disagree
<ul style="list-style-type: none">List of the various PDO thread types on the market, including the indications for each PDO thread for skin approximation	④	③	②	①
<ul style="list-style-type: none">Decipher if a PDO treatment is suitable for a patient based on their age, ethnicity, health history, and skin condition or concern.	④	③	②	①
<ul style="list-style-type: none">Outline an effective and profitable PDO Thread Treatment, with patient expectations and understanding of possible complications	④	③	②	①

Please indicate the extent of your agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree
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The faculty for this activity were effective	④	③	②	①
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Please indicate the extent of your agreement with the following statement:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
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The educational resources and/or handouts provided to me at the educational activity are useful to my practice.	④	③	②	①	①
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- Overall, was this fair, balanced and free from bias?

☐ Yes
☐ No

- If No, please explain:

- Of the patients you will see in the next week, about how many will benefit from the information you learned today?

☐ More than 50
☐ 26 to 50
☐ 11 to 25
☐ 1 to 10
☐ Not applicable

- Based on what I learned today, I will improve my practice by incorporating the following (check all that apply):

☐ Improved diagnosis/patient assessment
☐ Useful therapies and appropriate uses
☐ Cutting-edge science in this therapeutic area
☐ Best practices of my colleagues and leaders
☐ I do not plan to make any changes to my practice at this time
☐ Other (explain) _____

- Which ONE delivery method do you find the most effective for CME/CE learning?

- ☐ Live symposia at national/regional conferences
☐ Live local meetings
☐ Live grand rounds

- ☐ Internet webcasts
☐ Internet/print monographs
☐ Other (explain) _____

- Please rate the professional practice value of each of the following in terms of improving your practice:

	Most Valuable	Valuable	Somewhat Valuable	Least Valuable
Today's CME event	④	③	②	①
Direct to consumer advertising	④	③	②	①
Sales representative visits	④	③	②	①
Promotional/other non-certified education	④	③	②	①

- Based on your experience, which of the following are the primary barriers to implementing changes in practice (check all that apply):

- ☐ Lack of knowledge regarding evidence-based strategies
☐ Lack of convincing evidence to warrant change
☐ Lack of time/resources to consider change
☐ Insurance, reimbursement or legal issues
☐ Patient adherence/resistance to change
☐ Other (explain) _____

- What motivated you to participate in this activity? (check all that apply)

- ☐ CME credits
☐ Faculty
☐ Topic or Therapeutic area
☐ Format type

Question:

A 56-year-old patient has significant tear trough volume loss that is producing pronounced hollows in the tear trough region, and aged appearance. What is the preferred treatment plan to minimize adverse effects?

- (A) Treat with 21G 30mm Mesh PDO Threads Pre-Loaded in The Cannula
 (B) Treat with 21G 45mm Mesh PDO Threads Pre-Loaded in The Cannula
 (C) Treat with 21G 30mm Mesh PDO Threads Pre-Loaded In The Cannula with HA Filler
 (D) Answers (A) and (C)

Other Comments:

Application for Continuing Medical Education Credit

For purposes of certification, please complete the following information. Please note that we will not forward or sell your contact information. **Please PRINT clearly in the boxes provided.**

Degree	<input type="radio"/> MD	<input type="radio"/> DO	<input type="radio"/> PharmD/RPh	<input type="radio"/> RN	<input type="radio"/> NP	<input type="radio"/> PA	<input type="radio"/> Other
Credit Request Type	<input type="radio"/> ACCME <input type="radio"/> ANCC						

*LAST NAME (please print in boxes)	Middle Initial	*FIRST NAME

*STREET ADDRESS (please print in boxes)

*CITY (please print in boxes)	*STATE	*ZIP CODE

*STATE of LICENSE(S)	FAX
LICENSE NUMBER	

*EMAIL ADDRESS (please print in boxes)--- REQUIRED TO RECEIVE CERTIFICATE---

Global Education Group (Global) provides a variety of continuing educational activities in many therapeutic areas. We may contact you via email with future continuing education opportunities. If you opt NOT to be contacted in the future, please check the box below:

☐ NO, I do NOT want to be contacted in the future.

I certify my actual time spent to complete this educational activity to be (check one):

☐ I participated in the entire activity and claim **1** credit.

☐ I participated in only part of the activity and claim _____ credits.

I certify that I have participated in the continuing education activity entitled, **The Aesthetic Show 2019 - An Alternative Approach in Treating the Tear Trough and Nasolabial Fold Regions Utilizing Specialty Mesh PDO Threads With and Without Filler**

Signature: _____ Date: _____

Please return this form to the registration desk. Only completed forms will be processed for credit. Please allow 6-8 weeks to receive your certificate. Thank you for participating in this activity.