

Dry Eye Management With Stimulating Natural Approaches

CME Certificate Request Form

Credit Request Instructions: To receive your participation certificate, please complete the below Evaluation Form and record your answers to the Posttest in the Answer Box located below. Return via Email to info@mededicus.com. Your comments help us to determine the extent to which this educational activity has met its stated objectives. Please provide all the requested information. Your certificate will be sent by email within 14 days. We do not sell or share email addresses. This will be used strictly to return your certificate.

Participant Information:

Last Name

First Name

Degree: MD OD PharmD/RPh NP RN PA Other

EMAIL:

OE Tracker Number (for ODs):

Post Test Answer Box (Insert letter choice A-D)

1	2	3

Evaluation

1. Which of the following best describes your primary practice setting?

- Solo practice
- Group practice
- Government, ie VA
- University/Teaching system
- Community hospital
- HMO/Managed care
- Nonprofit/Community (or Long-term care setting for nutrition programs)
- I do not actively practice
- Other, please specify:

2. Approximate number of patients with DED I see per week

- 0
- 1-5
- 6-10
- 11-25
- > 25

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3. Please select the extent to which you agree/disagree that the activity supported the achievement of each learning objective:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Describe the role of the lacrimal functional unit in the pathogenesis of dry eye disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design treatment plans for patients with dry eye disease using neurostimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please rate the quality of educational skills of each faculty member:

	Excellent	Good	Average	Fair	Poor
Nathan Lighthizer, OD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selina McGee, OD, FAAO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stephen C. Pflugfelder, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please list one or more things, if any, you learned from participating in this educational activity that you did not already know.

Answer:

6. As a result of the knowledge gained in this educational activity, how likely are you to implement changes in your practice?

- Definitely will implement changes
- Likely will implement changes
- Likely will not implement any changes
- Definitely will not make any changes

7. If you selected a change in practice, will your practice change be related to:

- Describing the role of the lacrimal functional unit in the pathogenesis of dry eye disease
- Designing treatment plans for patients with dry eye disease using neurostimulation
- Other (please describe):

8. Related to what you learned in this activity, what barriers to implementing these changes or achieving better patient outcomes do you face?

Answer:

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9. Was the content of this activity fair, balanced, objective, and free of bias?

Yes

No, please explain:

10. Additional comments:

Answer: