# Pharmacists Continuing Education Evaluation Form Fill out for ACPE Approved Statements of Credit

#### **New Mexico Pharmacists Association**

2716 San Pedro NE, Suite C, Albuquerque, New Mexico 87110 (505) 265-8729 / (800) 464-8729 / Fax: (505) 255-8476 / jweston@nmpharmacy.org

## "Dispelling Myths about Diabetes Management"

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ACPE# 0104-0000-20-031-H04-P/T			00-20-031-H04-P/T	<b>0</b> •				Initial Release Date: 10/2/20 Expiration Date: 4/2/21		
REC	COR	DED	HOME-STUD	Y PROGRAM https	s://www	.nmph	armacy	.org/eve	nt-4027692	
			Cass	andra S. Vanderpoo	ol, MS,	RDN, I	$\mathbf{L}\mathbf{D}$			
Extens	sion A	Associa	te II, Dept. of Extens	ion Family & Consumer Se	ciences, N	ew Mexi	co State U	niversity, L	Las Cruces, NM	
Did pr	esent	er app	ropriately cover the k	knowledge-based program 1-	objectives -Poor	s below: I 2-Fair	Please rate 3-C	using the fo	ollowing scale: 4-Excellent	
-		•	presentation, phara bout diabetes manag	macists should be able to gement	o:					
1	2	3	4							
Knov	vledg	e of m	eal planning to mar	nage diabetes						
1	2	3	4							
Knov	vledg	e of re	sources for accurate	e diabetes information fo	or clients/	patients				
1	2	3	4			•				
		_	• 0	n using the following scal			2-Fair	3-Good	4-Excellent	
_	ogran 2	n and s 3	-	n commercialism and bias.	(If not a 4,	, note in co	omments on	pg. 2)		
1	_	•	4	rtigad abjectives						
-	_		erials met the adver	used objectives.						
-	2	3	4	C 1 ·						
		-	provided will be use	erui in my practice.						
	2	3	4							
The co	onten	t was	interesting & added	to my knowledge.						
1	2	3	4							
The ed	ducat	ional 1	naterials were usefi	ıl.						

The educational materials were easily accessible.

2

3

I would like further program offerings on this topic.

### "Dispelling Myths about Diabetes Management"

ACPE# 0104-0000-20-031-H04-P/T 1.0 Contact Hours or 0.1 CEUs Initial Release Date: 10/2/20 Expiration Date: 4/2/21

#### RECORDED HOME-STUDY PROGRAM https://www.nmpharmacy.org/event-4027692 Cassandra S. Vanderpool, MS, RDN, LD

Extension Associate II, Dept. of Extension Family & Consumer Sciences, New Mexico State University, Las Cruces, NM

Additional Comments:			
Name: (Print Clearly)		Profession: (R.Ph.	, CPhT, etc.)
NABP e-Profile ID: (www.MyCPEmonitor.net to obtain ID #)	DOB (MMDD)	Emple	oyer:
Address: (to include in the NMPhA database)			
City:	State:	Zip:	
Signature: (I certify that I attended the above program in i	ts entirety for the continuing e	Date:  ducation contact hour	(s) indicated.)
Phone:	Fax:		
E-Mail:			
In your practice setting, please list #3 cl	nanges that you intend to	make as a result of	f this CPE activity
1)			
2)			
3)			
Participants are required to turn in a completed submitted into the CPE Monitor Database with			