



American College of
Preventive Medicine

Pediatric Environmental Health CME Certificate Request

Instructions:

Step 1: Complete the evaluation section below.

Step 2: Provide contact information.

Step 3: Submit this form to ACPM (see address and fax number below).

Evaluation:

Please circle the number corresponding to your level of agreement with the following statements:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
▪ The stated learning objectives were met.	1	2	3	4	5	6
▪ The teleconference method of delivery was effective.	1	2	3	4	5	6
▪ Ruth Etzel, MD, MPH, was an effective speaker.	1	2	3	4	5	6
▪ This activity has been of value to me.	1	2	3	4	5	6
▪ The knowledge I gained from this teleconference will be useful in my work.	1	2	3	4	5	6

Additional Comments about this activity:

Time spent on this activity (1.0 hours max): _____

Contact Information:

Are you a physician (MD or DO)? Yes No

Last name: _____ First Name: _____

Where should we send your certificate?

Street address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Email address: _____

Fax or mail this form to:

ACPM

Attention: CME

Fax (202) 466-2662

1307 New York Avenue, NW, Suite 200

Washington, DC 20005

****Please allow 6 weeks for processing. You will receive a certificate by postal mail.****