

### **CME Accreditation Statement**

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins June 30, 2007. Term of approval is for two years from this date with option for yearly renewal.

The AAFP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians.

The American Academy of Family Physicians designates this educational activity for a maximum of 1 AMA PRA Category 1.0 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **Take the Post-test: Electronic Medical Records**

**AAFP Members** may access the online quiz using the following link:

[http://www.aafp.org/cgi-bin/quiz.pl?op=show\\_quiz&gid=1958](http://www.aafp.org/cgi-bin/quiz.pl?op=show_quiz&gid=1958)

**Non-AAFP Members** may print the following quiz (see page 2) and submit it by mail or fax.

**ACF 2007 Electronic Medical Records Post-test**

Course ID Numbers:  
2007: 70-06302007-002  
2008: 70-01012008-055  
2009: 70-01012009-018  
Expiration Date: June 30, 2009

Each question has only one correct answer. Please circle one.

**1. This presentation has given me a basic understanding of how to conduct a needs assessment prior to selecting an electronic health record (HER) system.**

- A. Strongly agree
- B. Agree
- C. Uncertain
- D. Disagree
- E. Strongly disagree

**2. This presentation provided useful information and resources that can help a family physician decide whether to implement an EHR system in his or her practice.**

- A. Strongly agree
- B. Agree
- C. Uncertain
- D. Disagree
- E. Strongly disagree

**3. During this presentation, I gained new knowledge about the benefits of switching from a paper-based system to an electronic medical record (EMR) system.**

- A. Strongly agree
- B. Agree
- C. Uncertain
- D. Disagree
- E. Strongly disagree

Non-members wishing to claim CME credit for this activity may only do so by mail or fax. Please check the box below if you require documentation. Follow the directions above and return this answer sheet to AAFP at:

Fax: (913) 906-6269  
American Academy of Family Physicians  
CMER/2005 ACF Genomics  
11400 Tomahawk Creek Parkway  
Leawood, KS, 66211

**Please complete the following information:**

Name (please print):

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If you want to **receive a certificate of participation** for this event please check box below and include your e-mail address. We will e-mail your certificate of participation to you.

- Request certificate for activity participation (non-members).**

E-mail address \_\_\_\_\_