

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)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Take the Post-test: Guidelines in Quality & Pay-for Performance

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

http://www.aafp.org/cgi-bin/quiz.pl?op=show_quiz&gid=1956

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

ACF 2007 Guidelines in Quality and Pay for Performance Post-test

Course ID Numbers:
2007: 70-06302007-004
2008: 70-01012008-057
2009: 70-01012009-020
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 the relationship among evidence, clinical practice guidelines and performance measures.

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

2. This presentation provided information that helps me understand the limitations of evidence, clinical practice guidelines, performance measures and pay-for-performance.

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

3. During this presentation, I gained new knowledge about how pay-for-performance can improve the quality of health care.

- 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):
Address:
City, State, Zip:
Phone Number:
Signature:
Date:

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 _____