



**AN ACOEM ON-LINE CME  
OPPORTUNITY**

Twelve sessions from the College's 2004 AOHC have been selected and now have accompanying questionnaires to help participants qualify for CME and/or credit. It's easy. Purchase the audio tapes or CDs and their accompanying handouts from Mobiltape ([www.mobiltape.com](http://www.mobiltape.com)) then download and print out the respective questionnaire from the ACOEM web site ([www.acoem.org](http://www.acoem.org)). After you have listened to the audio-taped presentation(s), answer the questions and return the answer page part of the completed questionnaire(s) to the ACOEM Education Department along with the appropriate processing fee. Upon successful completion, ACOEM will send you a certificate detailing only the CME credits earned. ABPM credit will be posted to the ABPM data base.

**CONTINUING EDUCATION CREDIT**

The American College of Occupational and Environmental Medicine (ACOEM) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

**ACOEM designates this educational activity for a maximum of 1 category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.**

To earn credit, you must answer at least 70 percent of the questions correctly. Correct answers will be published—line March 16, 2005

## Continuing Medical Education

### 1208 The Occupational Medicine Physician and the Community (1)

#### Examination

1. Striking a proper balance is a central requirement of a successful occupational medicine physician. Which of the following represents an example of such balance?
  - a. optimal healthcare delivery vs. the need to achieve a profit
  - b. pleasing employers vs. the need to provide optimal patient care
  - c. emphasizing injury/illness management vs. emphasizing prevention
  - d. all of the above
2. Is it frequently useful to script responses to common questions in order to render the response more accurate and permit more attention to delivery rather than substance.
  - a. True
  - b. False
3. "I am the only board certified occupational medicine physician in this market", is an example of a benefit statement.
  - a. True
  - b. False

**EXAMINATION ANSWERS**  
**2004 AOHC Session 1208**

**The Occupational Medicine Physician and the Community (1)**

*(Submission deadline – March 15, 2005)*

**Question 1:**

- A  B  C  D

**Question 2:**

- A  B

**Question 3:**

- A  B

**ACTIVITY EVALUATION**

1. Were the stated program objectives successfully met?  
 Yes  No  
 Partially (please explain \_\_\_\_\_)

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2. Was the selected session and related questions relevant to your practice?  
 Yes  No  
(If no, please explain) \_\_\_\_\_

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3. Do you anticipate that your participation in this program will result in any change in your practice of occupational and environmental medicine?  
 Yes  No  
(If no, please explain) \_\_\_\_\_

**I certify my actual time spent to complete this educational activity to be \_\_\_\_\_ hour(s).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT INFORMATION**

A fee of \$20 per credit hour for ACOEM members and \$40 per credit hour for non-members will be charged per credit hour. If paying by check, make check payable to ACOEM and mail to:

ACOEM  
Dept. 77-6583  
Chicago, IL 60678-6583

If paying by credit card, you may submit the test via fax. The ACOEM fax number is 847/818-9286.

If you have questions about the CME process, call ACOEM at 847/818-1800, and ask for the Education Department.

**CUSTOMER INFORMATION**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_

- CME  ABPM

**PAYMENT METHOD – Tests received without payment will not be processed.**

- ACOEM Member – \$20  Non-member – \$40  
 Check enclosed payable to ACOEM (U.S. Funds Only)  
 MasterCard  VISA  American Express  Discover Card  Diners Club  
Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:** Amt. Paid \_\_\_\_\_ Check# \_\_\_\_\_

Batch# \_\_\_\_\_ Date \_\_\_\_\_