



**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 ABPM credit. It's easy. Purchase the audio tapes or CDs and their accompanying handouts from Mobiltape (www.mobiltape.com) then download and print out the respective questionnaire from the ACOEM web site (www.acoem.org). After you have listened to the audio-taped presentation(s), answer the questions and return the answer portion of 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 on-line March 16, 2005

Continuing Medical Education

2302 CHAA Board of Examiners Training Session (1)

1. What are the revised CHAA Scoring Guidelines?
 - a. a simple algorithm to calculate the winner of the CHAA each year
 - b. a lengthy document that explains each item and gives examples of indicators for trained examiners to consider when giving points
 - c. a checklist that is simply filled out and summed
 - d. a brief one-page document of general information about the CHAA
2. How can I participate most effectively in the consensus process?
 - a. be aggressive and uncompromising
 - b. do not acknowledge or respect team members' unique training and experiences
 - c. listen, state points perhaps not seen by others, and come to "I can't live with that decision"
 - d. don't read the application in depth before the consensus teleconference in order to be more intuitive
3. What are the new items and indicators for identifying exemplary programs and model practices?
 - a. there are no items and indicators
 - b. one example is "Integrated Health and Productivity Management" and there are many new indicators in the revised Guidelines
 - c. "Health Evaluation of Workers" is new item
 - d. "Toxicological Assessment" is now an optional item

EXAMINATION ANSWERS
2004 AOHC Session 2302

CHAA Board of Examiners Training Session (1)
(Submission deadline – March 15, 2005)

Question 1:

A B C D

Question 2:

A B C D

Question 3:

A B C D

ACTIVITY EVALUATION

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

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

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 for non-members will be charged for each test. 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 _____