



**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 the 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 1.5 category 1 credits 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

2306 The Physician/PA Team in Occupational Medicine (1.5)

1. Physician assistants (PA's) are licensed to practice:
 - a. as independent health care providers in medically underserved areas
 - b. only under the supervision of a licensed physician
 - c. as independent health care providers if they have graduated from an overseas medical school
 - d. only in states that have passed malpractice reform laws
2. PA's may perform:
 - a. any and all tasks they feel competent to perform
 - b. only non-invasive tasks, such as taking patients' vital signs or providing counseling on diet and exercise
 - c. tasks that have been delegated to them by their supervising physicians, and are permitted by state law
 - d. only tasks related to primary care, such as are performed in family medicine, pediatrics or internal medicine practices
3. In the occupational medicine arena, which is NOT a task that PA's would normally perform?
 - a. respirator clearance evaluations
 - b. pre-placement physicals
 - c. treatment of work-related sprains, strains, lacerations, burns, dermatitis and repetitive motion disorders
 - d. medical review of positive DOT drug screens

EXAMINATION ANSWERS
2004 AOHC Session 2306

The Physician/PA Team in Occupational Medicine (1.5)
(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 – \$30 Non-member – \$60
- 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 _____