

**CONTINUING EDUCATION PAPERWORK
--ATTENDEE INSTRUCTIONS--**

The pages in this file contain your continuing education paperwork. Please select the type of credit in which you are applying at the top of the attendance record.

Please submit your paperwork to the contact below NO LATER than October 21, 2009 to guarantee you receipt of credit. To obtain credit, we must receive the attendance record, program evaluation **and** HRSA Participant Information Form or **PIF** (3 separate pages). Other paperwork is for the attendee to retain. Thank you.

**Jim Ybarra
Albany Medical College
47 New Scotland Ave., Mail Code 158
Albany, NY 12208**

Questions? Call 518.262.4674 or e-mail ybarraj@mail.amc.edu



Albany Medical College/Center Educational Departments'
Attendance Record

Neurological Manifestations of HIV
Live Satellite Videoconference & Webcast (October 14, 2009)

Please select the type of credit in which you are applying:

CME Nursing Pharmacy

Discipline (Please **bubble** one):

MD RPh PA NP RN LPN Other _____ (specify)

First & Last Name (**Print**): _____

Employer: _____ E-mail: _____

Full Mailing Address: _____
(City) (State) (ZIP)

Birth Month _____ (i.e. 04) Day of Birth _____ (i.e. 15) Last four Digits of Social Security Number _____ (i.e. 8187)
(*Required for attendance tracking)

I attended the above program and am claiming _____ hour(s) of credit (number of hours you actually participated, excluding breaks). If you participated in the entire program, please write 1.75 hours in the space provided. Please note that partial credit cannot be granted for nursing or pharmacy credits per the accreditation bodies. Partial credit can be granted for CME.

Signature: _____

Check the TOP FIVE HIV topics that you would like the next event to address (please limit to 5).

- | | | |
|---|--|---|
| <input type="checkbox"/> Adherence | <input type="checkbox"/> HIV Testing | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Names Reporting & Partner Notification | <input type="checkbox"/> Incarcerated/Parolees |
| <input type="checkbox"/> Clinic Management | <input type="checkbox"/> Rapid Testing | <input type="checkbox"/> Lesbian/Bisexual/WS |
| <input type="checkbox"/> Chronic Care Model | <input type="checkbox"/> Routine Testing Implementation | <input type="checkbox"/> Local Epidemiology |
| <input type="checkbox"/> Care Coordination & Referrals | <input type="checkbox"/> HIV Treatment | <input type="checkbox"/> People with Mental Illness |
| <input type="checkbox"/> Connecting to & Retaining in Care | <input type="checkbox"/> Advanced HIV Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Antiretroviral Therapies | <input type="checkbox"/> Racial/Ethnic Minorities |
| <input type="checkbox"/> Consumers/Peers/Community Advisory Boards | <input type="checkbox"/> Diagnostic Tests | <input type="checkbox"/> Recent Immigrants |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Drug-Drug Interactions | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Language Interpretation Services | <input type="checkbox"/> Emerging Treatment Options | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Quality Assurance/CQI | <input type="checkbox"/> Prophylaxis & Health Maintenance | <input type="checkbox"/> Women |
| <input type="checkbox"/> Clinical Trials/Research | <input type="checkbox"/> Newly Diagnosed Patients | <input type="checkbox"/> Post-Exposure Prophylaxis |
| <input type="checkbox"/> Clinical Manifestations | <input type="checkbox"/> Resistance Testing | <input type="checkbox"/> Occupational Exposure |
| <input type="checkbox"/> Acute HIV Infection | <input type="checkbox"/> Salvage Therapy | <input type="checkbox"/> Non-Occupational Exposure |
| <input type="checkbox"/> Dermatologic Manifestations | <input type="checkbox"/> Treatment Sequencing | <input type="checkbox"/> Prevention Strategies |
| <input type="checkbox"/> Immune Reconstitution Syndrome | <input type="checkbox"/> International Issues | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Malignancies | <input type="checkbox"/> Legal/Ethical/Policy Issues | <input type="checkbox"/> Prevention with Positives |
| <input type="checkbox"/> Medication Side-Effects | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Psychosocial Issues |
| <input type="checkbox"/> Metabolic Complications | <input type="checkbox"/> Mental Health Screening | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Neurological Complications | <input type="checkbox"/> Triply-Diagnosed | <input type="checkbox"/> Health Literacy |
| <input type="checkbox"/> Pulmonary Complications | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Medical Case Management |
| <input type="checkbox"/> Co-Morbidities | <input type="checkbox"/> Opportunistic Infections | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Bacterial Infections | <input type="checkbox"/> Oral Health | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Dental Treatment | <input type="checkbox"/> Perinatal Transmission |
| <input type="checkbox"/> Endocrine Disorders | <input type="checkbox"/> Identification/Management of Oral Lesions | <input type="checkbox"/> Sexuality Issues |
| <input type="checkbox"/> Gastrointestinal Disorders/Pancreatitis | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Taking a Sexual History |
| <input type="checkbox"/> Hematologic Disorders | <input type="checkbox"/> Palliative & End of Life Care | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Hepatitis B/C | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Addiction Treatment |
| <input type="checkbox"/> TB | <input type="checkbox"/> Populations | <input type="checkbox"/> Buprenorphine |
| <input type="checkbox"/> STDs | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Crystal Meth |
| <input type="checkbox"/> Complementary & Alternative Therapies | <input type="checkbox"/> Children | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Conference Updates | <input type="checkbox"/> Families | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Gay/Bisexual/MSM | _____ |

**Albany Medical College/Center Educational Departments'
Program Evaluation**

**Neurological Manifestations of HIV Infection
Live Satellite Videoconference & Webcast**

October 14, 2009

Evaluation results will be shared with speakers as composite data only.

Please complete this evaluation form by completely filling in the circles with black pen or pencil and return it to the site coordinator.

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
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- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The knowledge and/or skills gained through this course are applicable to my profession. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Overall, I was satisfied with this program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. As a result of attending this learning activity, I am able to achieve the following objectives: | | | | |
| a) Describe the clinical manifestations of HIV in the central and peripheral nervous systems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Discuss the possible means of viral entry into the central nervous system (CNS) and the role of cerebrospinal fluid HIV viral load. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Describe the CNS penetration of various antiretroviral agents when selecting treatment regimens. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Describe three characteristics of neuropathic pain. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Identify goals of clinical assessment of pain. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Identify agents best utilized for chronic pain. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel comfortable applying the information about neurological manifestations of HIV infection I learned during the program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. The objectives of this learning activity were relevant to the overall program goal: <i>To update the practitioner with clinical and diagnostic information related to neurological manifestations of HIV infection.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. David Simpson, MD was an effective teacher. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Charles Argoff, MD was an effective teacher. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Participant material (slides) were useful during the course. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. There was no commercial bias in this learning activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. FDA approved drugs or devices were discussed within the approved use (no off-label use discussed). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. This program length and medium is convenient for my schedule. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I viewed the videoconference via: <input type="radio"/> Satellite <input type="radio"/> Webcast <input type="radio"/> Telemedicine | | | | |

Comments:

PIF

HRSA AIDS Education and Training Centers PARTICIPANT INFORMATION FORM

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your SSN. For example, May 29, 123-45- 6789 has the ID number 05296789.

M	M	D	D	#	#	#	#

Birth Last 4 SSN

Unique ID Number

2. Date of Training (mm/dd/yy)

1	0	1	1	4	1	0	9
mm		dd		yy			

3. Your Primary Professional Discipline (Select one)

- Dentist
- Other Dental Professional
- Nurse Practitioner
- Other Advanced Practice Nurse
- Nurse
- Pharmacist
- Physician
- Physician Assistant
- Clergy/Faith Based Professional
- Dietitian/Nutritionist
- Health Educator
- Mental Health Professional
- Public Health Professional
- Social Worker
- Substance Abuse Professional
- Other (specify) _____

4. Your Primary Function Role (Select one)

- Administrator
- Agency Board Member
- Care Provider/Clinician
- Case Manager
- Client/Patient Educator
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify) _____

5. Your Principal Employment Setting (Select one)

- | | |
|---|---|
| <u>Clinic</u> | <u>Other Settings</u> |
| <input type="radio"/> Academic Health Center | <input type="radio"/> College/University |
| <input type="radio"/> Community Health Center | <input type="radio"/> Community-Based Organization |
| <input type="radio"/> Family Planning | <input type="radio"/> Correctional Facility |
| <input type="radio"/> HIV Clinic | <input type="radio"/> HMO/Managed Care Organization |
| <input type="radio"/> Hospital-Based Clinic | <input type="radio"/> Hospital/ER |
| <input type="radio"/> Indian Health Services/Tribal | <input type="radio"/> Military/VA |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Private Practice |
| <input type="radio"/> Maternal/Child Health | <input type="radio"/> State/Local Health Department |
| <input type="radio"/> Mental Health | <input type="radio"/> Non-Health |
| <input type="radio"/> Rural Health | <input type="radio"/> Other Primary Care |
| <input type="radio"/> Sexually Transmitted Disease | <input type="radio"/> Not Working (skip to item 9) |
| <input type="radio"/> Substance Abuse | |

6. Primary Employment Setting/Zip code

- a. Rural Suburban Urban

b.

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Zip Code

7. Is the employment setting a faith-based organization?

- Yes No Don't Know

8. Does the employment setting receive Ryan White Program Funding?

- Yes No Don't Know

If you don't know, please write the full name of your employer:

9. Are you of Hispanic, Latino/a or Spanish origin

- Yes No

10. Your Racial Background (Select all that Apply)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

11. Your Gender

- Female Male Transgender

12. Do you provide services directly to clients/patients?

- Yes No [Stop here. You are done with this form.]

13. Do you provide services directly to HIV-infected clients/patients?

- Yes No/ Don't Know (Stop here. You are done with this form.)

14. How many years have you been providing services directly to HIV infected clients/patients? [Round up to the nearest whole year.]

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15. Estimate the NUMBER of HIV-Infected clients/patients to whom you provide direct services in an average MONTH.

- None [Stop here. You are done with this form.]
 1-9 10-19 20-49 50+

For questions 16-18, estimate the PERCENTAGE of your HIV infected clients/patients in the past YEAR who were:

16. Racial or Ethnic Minorities

- None 1-24% 25-49% 50-74% > 75%

17. On Antiretroviral Therapy

- None 1-24% 25-49% 50-74% > 75%

18. Women

- None 1-24% 25-49% 50-74% > 75%

For Office Use Only	July 2009	1	0	0	1	7	8	0	6	Ryan White Program
	AETC	Subsite	Program Number	Agency	<input checked="" type="radio"/> Yes <input type="radio"/> No					

51836



CME Certificate of Attendance

Albany Medical College
Division of HIV Medicine

is pleased to award this certificate to:

for attendance at

Neurological Manifestations of HIV Infection
Live Videoconference and Webcast

October 14, 2009

Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Albany Medical College designates this educational activity for a maximum of 1.75 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This videoconference is a collaborative initiative between the Division of HIV Medicine at Albany Medical College and the New York/New Jersey AIDS Education & Training Center in cooperation with the New York State Department of Correctional Services.

Special thanks to the pharmaceutical industry for providing support via unrestricted educational grants.





Albany Medical Center Hospital Provider Unit

43 New Scotland Avenue
Albany, New York 12208



This certifies that

has completed

Neurological Manifestations of HIV Infection Live Videoconference and Webcast

ID # 0940

on

October 14, 2009

Contact Hours: 1.75

*The Albany Medical Center Hospital is accredited as a provider
of continuing nursing education by the American Nurses
Credentialing Center's Commission on Accreditation.*



