



**ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA**  
**Alabama Chapter CME Meeting, April 25, 2015**  
**Evaluation Form**

**Faculty Evaluation**

Faculty Name: Farah T. Sultan, MD

Presentation Title: Stress, Health and Hormones and the True Causes of Belly Fat

<b>Learning Objectives</b>				
To identify obesity a major cause of the healthcare crisis in America.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
To understand the physiology and causes of tranquil obesity.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
To identify strategies involving lifestyle changes that can help manage obesity.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
<b>Describe what changes you are going to do as a result of attending this activity?</b>				
<b>Evaluate the Speaker</b> on the following scale. (Circle One)				
Poor	Fair	Average	Good	Excellent



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**Evaluation of Overall Activity**

**1- To what extent do you feel this activity has improved your competence (skill, abilities) in each of the following areas?**

**A Learning Objective A:** To explain obesity as a major cause of healthcare crisis in America.

To a great extent  To some extent  To a little extent  Not at all

**B Learning Objective B:** To describe the physiology and cause of tranquil obesity.

To a great extent  To some extent  To a little extent  Not at all

**C Learning Objective C:** To change lifestyle choices among patients that can help manage obesity.

To a great extent  To some extent  To a little extent  Not at all

**2- How well did this educational activity meet your educational needs?**

- Exceeded my needs
- Met most of my needs
- Met some of my needs
- Did not meet my needs

**3- What is the likelihood that you will make changes in your practice as a result of what you learned in this activity?**

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

**4- Name one thing that you plan to change in your practice or patient care as a result of what you learned in this activity?**

**5- Did you feel the educational content contained any inappropriate promotion of the commercial product, device or Services? (If yes please explain)**

- No
- Yes - Please explain.



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**6-Selection of overall topics selected for presentation were:**

Poor    Fair    Average    Good    Excellent

**7- What educational gaps have you identified in your own professional practice that you would like to see addressed at the future APPNA CME activities?**

**8- Please identify if any changes are required to improve its ability to meet the CME Mission?**

**9- The committee values your opinion. What topics would you like to have presented at the future APPNA CME activities?**

**10- Any Speaker would you like to be invited in the future APPNA CME activities?**

April 25, 2015			
<input type="checkbox"/>	Farah T. Sultan, MD	Didactic Session	1.0 hour
Total CME Hours			

**Please write legibly.**

I \_\_\_\_\_ verify that I have attended this CME Activity and claim \_\_\_\_\_ credit hours (*Maximum 1.0 AMA PRA Category 1 Credit(s)<sup>TM</sup>*).

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of APPNA and APPNA Alabama Chapter. APPNA is accredited by the Accreditation Council for Continuing Medical Education to present continuing medical education programs for physicians. APPNA designates this program for **1.0 credits in Category 1 of the Physicians Recognition Award of the American Medical Association**. Each physician should claim only credit for time actually spent in the educational activity.