

## Continuing Medical Education



Self-Study Module: "Spine Oncology Decision Making and Future Advances" PARTICIPANT REQUIREMENTS: (PLEASE READ)

To obtain CME for this activity learners will need to turn this evaluation into the CME Coordinator, Medical Staff Office or fax to (220) 564-4012.

Objectives:	Objectives were met for this activity, and this activity has enhanced my overall			
For activity objectives,	knowledge or abilities.	□Noutral □ Disagroo	Ctrongly Disagroo	
check CME activity flyer.	☐ Strongly agree ☐ Agree	□ Neutral □ Disagree	☐ Strongly Disagree	
Please check all that	apply.			
Activity changed my		☐Competency ☐ Performance		
Activity will impro	ve my	es   Communication Skills		
Activity enhances	my	Practice–based systems   System-based practices		
Γ		1		
Activity was <b>FREE</b> from commercial bias or influence		e □ Yes □ No		
Activity was evidence-based		☐ Yes ☐ No	☐ Yes ☐ No	
Do you plan to make changes to your practice because of attending this activity? ☐ Yes ☐ No		Please explain:	Please explain:	
because of attend	ing this activity? ☐ Yes ☐ No	)		
Doct Toct: You mi	ust complete the posttast to be a	warded CME eredit		
	ust complete the posttest to be a 2 out of 3 answers correct or receive a so		score and feedback will be emailed	
to you upon receipt o				
1. The acrony burden.	ym NOMS stands for Neurologic, $\Box$ True $\Box$ False	, Oncology, Mechanical Ins	tability and Systemic Disease	
<ol><li>Intradural Intramedu</li></ol>	Tumors can be classified based llary. $\square$ True $\square$ False	on the compartment the	y occupy: Extramedullary vs	
3. Patients w	ith NF2 have a significant risk of o	developing schwannomas ar	nd meningiomas. The genetic	
	occurs on chromosome 22.			
☐ True	☐ False			
Comments		Tania ar Canforonas Cu	Taxia ay Conference Congression (a)	
Comments:		Topic or Conference Su	ggestion(s):	
			_	
Attestation:				
	n, I attest that I have completed th	ne participant requirements	for this CME activity. Any	
patient/case inform	nation will be kept confidential.			
	ne: Date:			
	n-Physician:			
☐ I would like a cer	tificate for my completion of this	activity.		