

... CE/CME TEST FORMS ...

The University of Tennessee College of Pharmacy is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. Each case study has been approved for 1 contact hour (0.1 CEU) by the University of Tennessee. This course expires February 28, 2003.

The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The CME activity was planned and produced in accordance with the ACCME Essentials and Standards for Commercial Support.

The Johns Hopkins University School of Medicine designates each case study for 1 credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association. Physicians should claim only those hours of credit that they actually spend on the educational activity. Credits are available until the expiration date of February 28, 2002.

Instructions

At least 7 of the 10 answers must be correct to receive CE or CME credit. Estimated time for each case study is 1 hour.

Program Evaluation forms follow on page S166.

<p align="center">CE TEST FORM</p> <p>Case 1: Hypertension; Impaired Glucose Tolerance</p> <p>ACPE Program Number: 064-000-00-215-H01</p> <p>(PLEASE PRINT CLEARLY)</p> <p>Name _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State/ZIP _____</p> <p>Daytime Phone # _____</p> <p>States in which CE credit is desired: _____</p> <p>Social Security # _____</p>	<p align="center">Please circle your answers:</p> <table border="0"> <tr> <td>1. a b c d</td> <td>6. a b c d</td> </tr> <tr> <td>2. a b c d</td> <td>7. a b c d</td> </tr> <tr> <td>3. a b c d</td> <td>8. a b c d</td> </tr> <tr> <td>4. a b c d</td> <td>9. a b c d</td> </tr> <tr> <td>5. a b c d</td> <td>10. a b c d</td> </tr> </table> <hr/> <p>Please complete the Program Evaluation on following page, and send with \$15 fee, payable to University of Tennessee, to:</p> <p align="center">Glen E. Farr, PharmD University of Tennessee College of Pharmacy 600 Henley Street, Suite 213 Knoxville, TN 37902</p>	1. a b c d	6. a b c d	2. a b c d	7. a b c d	3. a b c d	8. a b c d	4. a b c d	9. a b c d	5. a b c d	10. a b c d
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5. a b c d	10. a b c d										

<p>CME TEST FORM</p> <p>AJMC Test #060005S</p> <p>Case 1: Hypertension; Impaired Glucose Tolerance</p> <p>(Test valid through February 28, 2002. No credit will be given after this date.)</p>	<p align="center">Please circle your answers:</p> <table border="0"> <tr><td>1. a b c d</td></tr> <tr><td>2. a b c d</td></tr> <tr><td>3. a b c d</td></tr> <tr><td>4. a b c d</td></tr> <tr><td>5. a b c d</td></tr> <tr><td>6. a b c d</td></tr> <tr><td>7. a b c d</td></tr> <tr><td>8. a b c d</td></tr> <tr><td>9. a b c d</td></tr> <tr><td>10. a b c d</td></tr> </table>	1. a b c d	2. a b c d	3. a b c d	4. a b c d	5. a b c d	6. a b c d	7. a b c d	8. a b c d	9. a b c d	10. a b c d	<p>(PLEASE PRINT CLEARLY)</p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State/ZIP _____</p> <p>Phone # _____</p> <p>Please enclose a check for \$10, payable to American Medical Publishing, and mail with this form to:</p> <p align="center">The AJMC CME Test American Medical Publishing 241 Forsgate Drive, Suite 102 Jamesburg, NJ 08831</p>
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... CE/CME TEST FORMS ...

CE TEST FORM

Case 2: Hypertension Therapy in Managed Care

ACPE Program Number: 064-000-00-216-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CE credit is desired: _____

Social Security # _____

Please circle your answers:

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| 5. a b c d | 10. a b c d |

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University of Tennessee College of Pharmacy
600 Henley Street, Suite 213
Knoxville, TN 37902

CME TEST FORM

AJMC Test #060006S

Please circle your answers:

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Case 2:
Hypertension Therapy in
Managed Care

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

CE TEST FORM

Case 3: Coronary Heart Disease; Hypertension

ACPE Program Number: 064-000-00-217-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CE credit is desired: _____

Social Security # _____

Please circle your answers:

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CME TEST FORM

AJMC Test #060007S

Case 3:
Coronary Heart Disease;
Hypertension

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

Please circle your answers:

1. a b c d
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CE TEST FORM

**Case 4: Systolic Hypertension; Diabetes Mellitus;
Renal Dysfunction**

ACPE Program Number: 064-000-00-218-H01

(PLEASE PRINT CLEARLY)

Name _____
Home Address _____
City _____
State/ZIP _____
Daytime Phone # _____
States in which CE credit is desired: _____
Social Security # _____

Please circle your answers:

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CME TEST FORM

AJMC Test #060008S

Case 4:
Systolic Hypertension;
Diabetes Mellitus;
Renal Dysfunction

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

Please circle your answers:

1. a b c d
2. a b c d
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...CE/CME TEST FORMS ...

CE TEST FORM

Case 5: Congestive Heart Failure; Prior Myocardial Infarction

ACPE Program Number: 064-000-00-219-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CE credit is desired: _____

Social Security # _____

Please circle your answers:

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- 10. a b c d

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CME TEST FORM

AJMC Test #060009S

Case 5:
Congestive Heart Failure;
Prior Myocardial
Infarction

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

Please circle your answers:

- 1. a b c d
- 2. a b c d
- 3. a b c d
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- 6. a b c d
- 7. a b c d
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State/ZIP _____

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CE TEST FORM

Case 6: Alcoholic Cardiomyopathy; Hypertension

ACPE Program Number: 064-000-00-220-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CE credit is desired: _____

Social Security # _____

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...CE/CME TEST FORMS ...

CME TEST FORM

AJMC Test #060010S

Case 6:
Alcoholic Cardiomyopathy;
Hypertension

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

Please circle your answers:

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CE TEST FORM

**Case 7: Isolated Systolic Hypertension;
Diastolic Dysfunction**

ACPE Program Number: 064-000-00-221-H01

(PLEASE PRINT CLEARLY)

Name _____
Home Address _____
City _____
State/ZIP _____
Daytime Phone # _____
States in which CE credit is desired: _____
Social Security # _____

Please circle your answers:

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CME TEST FORM

AJMC Test #060011S

Case 7:
Isolated Systolic
Hypertension;
Diastolic Dysfunction

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

Please circle your answers:

1. a b c d
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(PLEASE PRINT CLEARLY)

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CE TEST FORM

**Case 8: Post-Myocardial Infarction;
Asymptomatic Left Ventricular Dysfunction**

ACPE Program Number: 064-000-00-222-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CE credit is desired: _____

Social Security # _____

Please circle your answers:

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Knoxville, TN 37902

CME TEST FORM

AJMC Test #060012S

Please circle your answers:

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Case 8:
Post-Myocardial Infarction;
Asymptomatic Left Ventricular
Dysfunction

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

(PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____

State/ZIP _____

Phone # _____

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CE TEST FORM

**Case 9: Idiopathic Cardiomyopathy With
Decompensated Congestive Heart Failure**

ACPE Program Number: 064-000-00-223-H01

(PLEASE PRINT CLEARLY)

Name _____

Home Address _____

City _____

State/ZIP _____

Daytime Phone # _____

States in which CE credit is desired: _____

Social Security # _____

Please circle your answers:

1. **a b c d** 6. **a b c d**

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600 Henley Street, Suite 213
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CME TEST FORM

AJMC Test #060013S

Case 9:
Idiopathic Cardiomyopathy
With Decompensated
Congestive Heart Failure

(Test valid through
February 28, 2002.
No credit will be
given after this date.)

Please circle your answers:

1. **a b c d**

2. **a b c d**

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4. **a b c d**

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(PLEASE PRINT CLEARLY)

Name _____

Address _____

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...CE/CME EVALUATION FORMS ...

CPE PROGRAM EVALUATION

The University of Tennessee College of Pharmacy would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CPE test form. We thank you for your evaluation, which is most helpful.

Please circle your answers:

My pharmacy practice setting is:	Independent	Chain	Hospital	Consultant
The objectives of the lesson were achieved.	Yes	No		
The quality of presentation of the material was:	Excellent	Good	Fair	Poor
The information presented will be useful to me in my practice.	Strongly agree	Mildly agree	Mildly disagree	Strongly disagree

How long did it take you to read the material and respond to the Continuing Education questions? (Please specify the number of hours.)

Please send this evaluation, along with your answer sheet and \$15 check payable to University of Tennessee, to:

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University of Tennessee College of Pharmacy
600 Henley Street, Suite 213
Knoxville, TN 37902

CME PROGRAM EVALUATION

Johns Hopkins University School of Medicine would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CME test form. We thank you for your evaluation, which is most helpful.

Do you find the information presented in these articles/case studies to be fair, objective, and balanced?

___ yes ___ no

On the whole, how do you rate the information presented in the articles and/or case studies?

___ excellent ___ good ___ fair ___ poor

Is there subject matter you would like included in the future?

___ yes ___ no

Is the information presented useful in your practice?

___ yes ___ no

Comments:

Comments:

In your opinion, were the authors biased in their discussion of any commercial product or service?

___ yes ___ no

Do you have recommendations to improve this program?

___ yes ___ no

Comments:

Were any portions of this program unsatisfactory or inappropriate?

___ yes ___ no

Program Evaluation

Physician Name

Address

City, State, ZIP

If so, which?

Specialty