

CE INSTRUCTIONS (FOR PHARMACISTS)

TESTING AND GRADING PROCEDURES

- Each participant achieving a passing grade of 70% or higher on any examination will receive a statement of credit giving the number of CE credits earned. This form should be safeguarded and may be used as documentation of credits earned.
- Participants receiving a failing grade on any exam will be notified and permitted to take 1 reexamination at no extra cost.
- All answers should be recorded on the answer form attached. For each question, decide which choice is the best answer, and circle the letter of the response representing your choice.
- Mail your completed exam form to the following address: Pharmacy Times, 405 Glenn Drive, Suite 4, Sterling, VA 20164-4432.

NEW SCORING OPTIONS

- Mail
- Fax: 703-404-1801
- This lesson is **FREE** on-line; receive instant grading, as well as download your certificate—www.pharmacytimes.com

Please print clearly—certificate will be issued from information given.

Please mail completed forms to:
**Pharmacy Times CE Department, 405 Glenn Drive,
 Suite 4, Sterling, VA 20164-4432**



Pharmacy Times/Ascend Media Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is approved for 2.5 contact hours (0.25 CEU) under the ACPE universal program number of 290-999-06-006-H01. The program is available for CE credit through July 1, 2009.

The Role of Gastroprotection in Patients on NSAID Therapy

CME/CE ANSWER FORM

- | | | |
|------------|-------------|-------------|
| 1. a b c d | 8. a b c d | 15. a b c d |
| 2. a b c d | 9. a b c d | 16. a b c d |
| 3. a b c d | 10. a b c d | 17. a b c d |
| 4. a b c d | 11. a b c d | 18. a b c d |
| 5. a b c d | 12. a b c d | 19. a b c d |
| 6. a b c d | 13. a b c d | 20. a b c d |
| 7. a b c d | 14. a b c d | |

(PLEASE PRINT CLEARLY)

SSN -- (Pharmacists ONLY)

Name _____

Address _____

City _____

State _____ Zip _____ Daytime Phone _____

PROGRAM EVALUATION

Please mark your level of agreement with the following statements. (4 = Strongly Agree; 0 = Strongly Disagree)

- | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1) Met its stated objectives | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2) Was well organized | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3) Contributed to my knowledge | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4) Presented current and relevant information | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5) Presented information in a fairly balanced and noncommercial manner | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6) Offered information useful in my professional practice | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7) Provided new insights into contemporary pharmacy practice | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |