

## CONTINUING EDUCATION VERIFICATION FORM

### CE PROVIDER

<b>Name</b> District of Columbia Academy of Family Physicians	
<b>Address</b> 520 W Street, NW, Suite 2400, Washington, DC 20059	
<b>Name of the Program</b> Colorectal Cancer Professional Development Webinar Series: Colorectal Cancer 101	
<b>Course Number Issued by CE Broker</b>	20-562796
<b>Description of Subject Matter Covered:</b> Overview: A webinar about colorectal cancer screening guidelines, initiatives to increase screening, and actions you can take to eliminate colorectal cancer as a major public health problem.  <b>Objectives:</b> 1. Discuss colorectal cancer screening and surveillance guidelines, as well as appropriate screening options for average risk and high risk patients. 2. Explain the evidence and rationale supporting clinical recommendations for colorectal cancer screening. 3. Discuss the 80% by 2018 movement and be prepared to take action as a commitment to increasing colorectal cancer screening rates.	Instructors: <a href="#">Dr. Dienaba A. Joseph</a> <a href="#">Dr. Richard C. Wender</a>

Approved by the DC Board of Nursing for 2.00 contact hours.

### LICENSEE

<b>Dated attended program</b>	
<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	<b>Email</b>

I certify that I have taken the courses listed above and will have certificates in my possession to verify successful completion of the continuing education courses listed. I understand that I am responsible for maintaining these documents.

Signature \_\_\_\_\_

Date \_\_\_\_\_