

## 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: Utilizing the Electronic Health Record to Impact Change: Beyond the Pop-Up Reminder	
<b>Course Number Issued by CE Broker</b>	20-539085
<b>Description of Subject Matter Covered:</b>  Overview: A webcast about EHR best practices and lessons learned to improve clinical workflow and support colorectal cancer screening improvement in eClinical Works.  Objectives: 1. Employ EHR Best Practice Workflow and Documentation Guide to support colorectal cancer screening improvement in eClinical Works. 2. Use key elements to develop family health history cancer goals. 3. Describe implementation of evidence-based interventions, challenges, lessons learned and next steps for the EHR Best Practice Guide.	Instructors: <a href="#">Michelle Tropper, MPH</a> Carla Henke, MD

Approved by the DC Board of Nursing for 1.50 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 \_\_\_\_\_