

CONTINUING EDUCATION VERIFICATION FORM

CE PROVIDER

Name District of Columbia Academy of Family Physicians	
Address 520 W Street, NW, Suite 2400, Washington, DC 20059	
Name of the Program Colorectal Cancer Professional Development Webinar Series: Evaluating Progress and Sharing Best Practices	
Course Number Issued by CE Broker	20-539093
Description of Subject Matter Covered: Overview: A webinar about best practices for evaluation of clinical and programmatic quality measures as well as assessment development to track colorectal cancer screening outcomes. Objectives: 1. Describe clinical quality measures such as Meaningful Use to track quality of health care services 2. Discuss the importance of appropriate coding and physician documentation for reimbursement and billing 3. Construct tools for evaluation of colorectal screening program outcomes and benchmarks	Instructors: Carmen Guerra, PhD Audrey Whetsell, MA, Justin Cross, MD

Approved by the DC Board of Nursing for 1.50 contact hours.

LICENSEE

Dated attended program	
Name	
Address	
Phone	Email

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 _____