

## 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: The Clinical Care Team	
<b>Course Number Issued by CE Broker</b>	20-539091
<b>Description of Subject Matter Covered:</b>  Overview: A webinar about clinical care transformation to facilitate coordinated care for colorectal cancer screening and follow-up.  Objectives: 1. Demonstrate team management and leadership skills 2. Describe each team member's care roles for colorectal cancer screening and follow-up 3. Discuss the role of patient navigation and a team approach to coordinated care	Instructors: Andrea Anderson, MD, MPH Lana De Leon, BSN, RN, <a href="#">Mohamed E. Salem, MD</a>

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 \_\_\_\_\_