



## Uterine Transplantation and Other Emerging Endeavors in REI

Presented by:

**Amber Cooper, MD, MSCI, FACOG**

Vios Fertility Institute, St. Louis, MO

	<i>Excellent</i> 5	<i>Great</i> 4	<i>Good</i> 3	<i>Fair</i> 2	<i>Poor</i> 1
<b>Please rate the Purpose:</b> To discuss cutting edge contributions to the field of REI that have emerged over the last few years or are thought to emerge in the near future.					
<b>Overall purpose of this activity related to objectives</b>					
<b>Please rate achievement of each objective regarding this topic</b>	<i>Excellent</i> 5	<i>Great</i> 4	<i>Good</i> 3	<i>Fair</i> 2	<i>Poor</i> 1
1. To discuss new technologies in REI/IVF.					
2. To discuss emerging diagnostic and therapeutic research in the field.					
3. To discuss emerging technologies in genetics (overview) in REI.					
<b>Please rate the speaker's teaching expertise:</b>	<i>Excellent</i> 5	<i>Great</i> 4	<i>Good</i> 3	<i>Fair</i> 2	<i>Poor</i> 1
1. Is knowledgeable in content area					
2. Content is consistent with objectives					
3. Teaching strategies were appropriate for topic					
4. Teaching by this presenter was effective					
<b>Please rate the following regarding:</b>	<i>Excellent</i> 5	<i>Great</i> 4	<i>Good</i> 3	<i>Fair</i> 2	<i>Poor</i> 1
Speaker: Amber Cooper, MD					
How well did this activity avoid commercial bias and present content that was fair and balanced?					
What is the likelihood you will change the way you practice based on what you learned in this activity?					
Overall, how would you rate this activity?					

COMMENTS:

**Commercial support/Vested Interest**

- 1. Was information about the conflict of interests of the presenter(s) shared with you? Yes No
- 2. Was information regarding any commercial support for this program shared with you? Yes No
- 1.Are you a **NEFS Member**? Yes No..... If **no**, are you interested in becoming an NEFS member? Yes No
- 2.How does this meeting **compare to other VIRTUAL meetings** you have attended? Better Same Worse
- 3. Please indicate your **primary profession**:

- Physician  Embryologist  Scientist  Pharmacist
- Physician’s Assistant  RN/LPN  Psychologist  OTHER: \_\_\_\_\_
- Nurse Practitioner  Social Worker  Administrative

4. Please **recommend speakers** you’d like to hear at future meetings. \_\_\_\_\_

5. We welcome any additional **feedback**, recommendations, suggestions, and any additional comments: \_\_\_\_\_

**CREDIT APPLICATION - December 3, 2020**

*To receive continuing education credit for this meeting, please provide your Contact Information, email and address in the spaces below. Applications for Credit will be accepted until December 12, 2020. Late applications will NOT be accepted.*

*Please print clearly as illegible applications will result in a delay.*

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Please indicate which credit you are requesting by checking  the appropriate box below.

- Nursing

By signing below, I certify that I participated in: VIRTUAL Meeting of the NEFS, December 3, 2020

ATTENDANCE: Please fill in the number of actual hours that you attended this activity 1.5 Hour(s)

Signature: \_\_\_\_\_

Please Submit Completed Application to:  
 New England Fertility Society  
 c/o Michelle Picher  
 110 Patricia Drive, Tewksbury, MA 01876  
 FAX: 978-640-9176  
 EMAIL: [michellepicher@nefs.org](mailto:michellepicher@nefs.org)

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