

1. What topics, if any, do you need for **professional recertification or re-licensure** that you have difficulty accessing locally?
2. What **health policy issues**, if any, are of interest or concern in your practice (e.g., updates to medical marijuana law)?
3. What opportunities in your practice or community would you like **health professions graduate student(s)** to become involved in?

4. What format of continuing education do you prefer?

- In person Real-time/Live Distance Learning/Tele-education On-demand webinar
 Hybrid Archived/Self-Paced Distance Learning Other _____

5. What is your preferred duration/length of CE?

- Full-day Half-day Other _____

6. What days and times would work best for you? (Check all that apply.)

- MON THU Early morning (7-9 am) Afternoon (3-5 pm)
 TUE FRI During lunch (12-2 pm) Evening (6-8 pm)
 WED SAT

7. What is your preferred location and venue for continuing education programs in your state?

8a. Are you familiar with the Project ECHO training model? Yes No

8b. Have you participated in a Project ECHO training program? Yes No

8c. Are you interested in participating in small group, internet-based, distance learning (tele-education) that offers a collaborative model for CE by providing a virtual network of inter-professional specialists and community-based clinicians for topic-specific longitudinal case-based learning? **Note:** the first topic we are planning is on the management of chronic pain. Practice stipends will be available for participation.

- Yes-- Please contact me to let me know more about the program.
 Maybe-- Please contact me to let me know more about the program.

Email Address: _____
 (To be used for AHEC purposes only)

Print Name: _____ Degree/License Type (e.g., MD, RN, etc.): _____

Location of your work? County (e.g., Chittenden): _____ State: _____

Please mail or fax to:

THANK YOU!

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DEADLINE for SUBMISSION:
 Wednesday,
 January 31, 2018

