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1. Study the learning material.
2. Download this form to your computer and print it out.
3. Fill out completely all pages of this CME credit application, including the posttest, and then follow the directions at the end of the application for submission.

CME Credit Application

CME Expiration Date: September 15, 2018

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IMPORTANT: MedStudy Flash Card format you used: ☐ Print version ☐ Online version

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How many years have you been out of residency? ☐ Still a Resident ☐ < 1 yr ☐ 1–10 yrs ☐ 11–20 yrs ☐ > 20 yrs ☐ N/A

Which of the following BEST describes your use of this product?

☐ Prepare for **Initial Certification** ☐ Prepare for **Recertification** (MOC) ☐ **General Review/Reference**

When did you most recently take (or will you take) your ABP exam? Year _____ Spring ____ Summer ____ Fall ____

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How did you hear about this product?

☐ Catalog ☐ Colleague ☐ MedStudy Website ☐ Internet Search ☐ Medical Meeting ☐ Other _____

What other products, if any, did you use to prepare for your exam?

☐ MedStudy Core ☐ MedStudy Q&As ☐ MedStudy Flash Cards ☐ MedStudy Videos
☐ MedStudy Course ☐ AAP's PREP Curriculum ☐ AAP's PREP Self-Assessment (Q&As) ☐ Laughing Your Way Series
☐ Other _____ ☐ N/A

The following posttest and evaluation must also be completed and submitted to receive CME credit.

Posttest: MedStudy Pediatrics Flash Cards (2016–2017): Review the following cases and answer all questions. Then, use the key at the end of the test to check your answers. *You must answer 60% of the questions correctly to receive CME credit for this product.*

1. A 17-year-old sexually active female presents with a 48-hour history of bilateral lower abdominal pain and vaginal discharge.

Which of the following best describes the minimal diagnostic criteria for pelvic inflammatory disease when an adolescent presents with lower abdominal and/or pelvic pain with no other identified cause?

- A. Oral temperature of $\geq 102^{\circ}\text{F}$, WBC $\geq 12,000$, and cervical motion tenderness
- B. Both cervical motion and adnexal tenderness
- C. Cervical motion, uterine or adnexal tenderness
- D. Oral temperature of $\geq 102^{\circ}\text{F}$, and cervical motion, uterine or adnexal tenderness
- E. Both cervical motion and adnexal tenderness and oral temperature of $\geq 102^{\circ}\text{F}$ or WBC $\geq 12,000$

Answer: _____

2. **Cyclic vomiting is characterized by:**

- A. Family history of migraines
- B. Family history of reflux
- C. Gastric inflammation on endoscopy
- D. Ileal tapering on contrast studies

Answer: _____

3. A 2-day-old boy is transferred to the neonatal intensive care unit secondary to recurrent episodes of hypoglycemia. He was delivered by scheduled cesarean section at 39-weeks gestation. Birth weight was 9 lb, 11 oz. His mother, who received good prenatal care, has no history of gestational diabetes. A prenatal ultrasound revealed evidence of nephromegaly and hepatosplenomegaly. These findings, in addition to macroglossia, are confirmed on the patient's physical examination.

Which of the following occurs with increased frequency in these patients?

- A. Wilms Tumor
- B. Type 1 diabetes mellitus
- C. Microangiopathic hemolytic anemia
- D. Chronic renal failure
- E. Congenital complement (C5-C9) deficiency

Answer: _____

4. A febrile 8-year-old boy with a 3-day history of warm tender swelling of both knees and the right ankle is noted to be tachycardic. The measured PR interval on ECG is 0.26 seconds. On cardiac auscultation, a new murmur, characterized by a high-pitched apical holosystolic murmur radiating to the axilla, is noted. Just prior to an echocardiogram, a rash is observed.

Which of the following best describes the most likely appearance of this patient's rash?

- A. Erythematous, serpiginous macular lesions with pale centers on the trunk and extremities
- B. Diffusely distributed, round erythematous swollen plaques, target lesions, and marginated wheals with central vesicles
- C. Diffuse erythema with small punctate papules accentuated in the flexural areas
- D. Erythematous macules and petechiae prominent around the ankles, wrists, palms, and soles
- E. Deep-seated and more superficial vesicles with peripheral erythema on the palms and plantar surfaces

Answer: _____

5. An 18-year-old girl, new to your practice, presents for a second opinion as to the cause of recurrent painful "boils" under her arm and in the inguinal area. She states that several previous outbreaks have been treated with oral antibiotics but that the "boils never seem to completely go away." On physical examination, multiple deep-seated, rounded, and painful nodules are noted in both the axillae and left inguinal area. There is an associated seropurulent bloody discharge from several grouped nodules in the right axilla.

In addition to systemic antibiotics, which of the following is sometimes effective in treating this patient's current signs and symptoms?

- F. Ketoconazole
- G. Spironolactone
- H. Tar preparations
- I. Vitamin E
- J. Methotrexate

Answer: _____

6. An 11-year-old girl, who is at the 5th percentile for height and weight, is found on laboratory testing to have a normal serum IgA level and a positive tissue transglutaminase IgA.

These findings may also be associated with which of the following additional laboratory findings?

- A. Low levels of free thyroxine
- B. Low levels of serum IgG and IgM
- C. Elevated levels of amylase and lipase
- D. Elevated levels of uric acid and lactate dehydrogenase
- E. Elevated levels of prolactin

Answer: _____

7. Following an extensive evaluation, a 14-year-old boy is diagnosed with oppositional defiant disorder.

Which of the following best describes symptoms included in the diagnostic criteria for this disorder?

- A. Behaviors occur with equal frequency and intensity in all settings
- B. Disregard for the physical well-being of others
- C. Difficulties with the law
- D. Routinely blames others for one's behaviors
- E. Seeks punishment as evidence that behaviors have successfully interfered with the emotional well-being of others

Answer: _____

8. The parents of a 4-year-old girl ask if there is any additional advantage in immunizing their daughter considering the fact that her younger sibling is severely immunocompromised and unable to receive and/or respond appropriately to the routinely recommended childhood vaccines.

In which of the following vaccine-preventable diseases is herd immunity not a factor in the control of infection?

- A. Influenza
- B. Pertussis
- C. Rubeola
- D. Tetanus
- E. *Haemophilus influenzae* b

Answer: _____

9. A previously well, 5-year-old, African-American girl presents to the emergency room with a 24-hour history of decreased activity and shortness of breath with even minimal exercise. Three days prior to the onset of symptoms, she was prescribed trimethoprim/sulfamethoxazole for a urinary tract infection. Her hemoglobin level is 6.5 g/dL and reticulocyte count is 11%.

Which of the following is most likely to be identified on an unstained preparation of a peripheral smear in this patient?

- A. Basophilic stippling
- B. Sickled cells
- C. Spherocytes
- D. Acanthocytes
- F. Heinz bodies

Answer: _____

10. An 11-month-old female presents with a 3-day history of increased temperature, irritability, decreased appetite, and malaise. Although she was afebrile on the morning of presentation, her parents are now concerned about a rash that they report has been present for only the last several hours. On physical examination, she is afebrile and appears generally well. A blanching macular and maculopapular rash is present on the upper torso, face, and neck. A smaller number of similar lesions are noted on the upper thighs. Despite her relatively reassuring clinical appearance, a lumbar puncture is performed due to the presence of a bulging anterior fontanelle. The fluid is clear with zero WBCs with no organisms seen on Gram stain.

Which of the following is the most likely cause of this patient's clinical signs and symptoms?

- A. Coxsackievirus A16
- B. Human herpesvirus 6
- C. Parainfluenza virus 2
- D. Adenovirus
- E. Rubella virus

Answer: _____

Evaluation / CME Validation: MedStudy Pediatrics Flash Cards (2016–2017)

On a scale of 1 to 5, with 1 being STRONGLY DISAGREE and 5 being STRONGLY AGREE, please rate (and circle) the following regarding your use of this product:

	STRONGLY DISAGREE			STRONGLY AGREE	
The content of this activity met my personal educational objectives	1	2	3	4	5
The stated learning objectives were fully met	1	2	3	4	5
The format and quality of the organization were appropriate for my needs	1	2	3	4	5
The content was free of pharmaceutical/commercial bias	1	2	3	4	5
The content offered a reasonable balance of diagnostic and therapeutic options	1	2	3	4	5

If you answered “disagree” or “strongly disagree” to any of the above questions, please elaborate specifically.

Did this product help identify and remedy any gaps in your medical knowledge and/or clinical judgment skills?

☐ Yes ☐ No

If yes, please elaborate as specifically as you can:

After you used this product, were you able to apply any of what you learned to daily practice?

☐ Yes ☐ No

If yes, please elaborate:

Please assist us in planning future activities by describing any topic areas in which you feel you have a professional practice gap that was **not** covered by this product.

☐ By checking this box, I verify that I am claiming _____ *AMA PRA Category 1 Credits*TM (1 hour = 1 credit; maximum credits: 100)

Date (which will appear on your CME certificate): _____

Signature: _____

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- 2) Mail this completed form to: MedStudy CME, 1455 Quail Lake Loop, Colorado Springs, CO 80906, or
- 3) Email this completed form to: cme@medstudy.com

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