CME, CNE, and Pharmacy CE Credits for
Someone You Love: The HPV Epidemic

This award-winning documentary takes a look into the lives of five brave women affected by HPV. Their stories portray the misconceptions, stigma, shame, heartbreak, pain, and triumph that they experience while battling cervical cancer.

- This activity has been approved for AMA PRA Category 1.50 credit(s)™ by Indiana University School of Medicine.
- This activity is accredited for 1.50 CE credit(s) (0.15 CEU) for pharmacists and pharmacy technicians by IU Health.
- This activity is approved by the Ohio Nurses Association (OBN-001-91) (OH-454,1/1/2020) for 1.91 Contact Hours (for live view), and 1.3 Contact Hours (for online view).

To obtain CME, CNE, or Pharmacy CE credits after viewing “Someone You Love: The HPV Epidemic” use the following link:

http://cme.medicine.iu.edu/hpvdocumentary/

To organize a live film screening event:

- Return the attached commitment form to Courtney Cole, MDHHS
- E-mail: colec13@michigan.gov
- Fax: (517) 335-9397
COMMITMENT FORM

On this day__________________, I,____________________________________________,
commit to host at least one film viewing of
Someone You Love: The HPV Epidemic in the state of Michigan.

Which target audience(s) do you intend to reach with the Someone You Love film?

☐ Healthcare Providers ☐ Young Adults/Older Adolescents
☐ Parents/Guardians  ☐ General Audience

☐ I agree that I am responsible for safe keeping and tracking my copy(ies) of the DVD.
☐ I agree to complete and return the Host Feedback Form and Pre/Post Surveys.

These materials can be found in A Guide to Hosting a Film Viewing.

In return for your commitment, you are provided a complimentary copy of the DVD
and A Guide to Hosting a Film Viewing.

________________________________________
Your Signature

Printed Name:___________________________ Organization:________________________
Street Address:__________________________ City/State/Zip Code:__________________
E-Mail:_______________________________ Phone:_____________________________
County:______________________________

Thank you for being part of the Someone You Love HPV initiative in Michigan!

Please e-mail or fax completed form to:

E-mail: colec13@michigan.gov         Fax: (517) 335-9397

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