

# CME Credit Application Form (1 CME credit)

To receive CME credits, read the CME article in this issue, indicate the correct responses to the educational questions below and complete the requested information overleaf in full. This form is also available in electronic format at [www.erj.ersjournals.com/current.dtl](http://www.erj.ersjournals.com/current.dtl). To return your application, you can either:

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There is now a charge for CME credit applications. For £30 you can make six attempts at the educational questions in issues of the *ERJ*. The charge will apply to each application, whether or not the CME credit is awarded. When you have paid, a reference number will be issued. Please enter your reference number in section 2 if you have already paid, or fill in your credit card details in section 3 if you have not paid. Note that your application for CME credits will not be processed until payment is received in full.

## 1. Educational questions. Answer by marking the correct answer.

### 1. Which of the following health effects have been linked to air pollution?

- Lung cancer.
- Reduced lung function.
- Exacerbations of COPD.
- Ischaemic heart disease.

### 2. Which of the following methods will give the most accurate assessment of occupational risk from inhaled agents?

- Individual workplace exposure measurements.
- Job exposure matrices.
- Structured interviews regarding occupational history.
- Self-reported workplace exposure history.

### 3. Which of the following pollutants tends to be higher in rural areas?

- Secondary particles.
- Sulphur dioxide.
- Polycyclic hydrocarbons.
- Ozone.

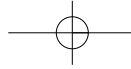
### 4. Which pollutant has been associated with more severe emphysema in $\alpha_1$ -antitrypsin deficiency?

- Primary particles.
- Ozone.
- Nitrogen dioxide.
- Secondary particles.

### 5. Smoking accounts for what percentage of variability in FEV1 in $\alpha_1$ -antitrypsin deficiency?

- 1%.
- 6%.
- 16%.
- 12.7%.

Please turn the page and fill in your details



# CME Credit Application Form (continued)

## 2. Applicant personal details.

Reference No: ..... ERS Membership No. (if known): .....

Date of Birth (DD/MM/YYYY): .....

Family Name: ..... First Name: .....

Mailing Address: .....

.....

Postal Code: ..... City: ..... Country: .....

Telephone: + ..... E-mail: .....

## 3. Payment details.

I agree for payment of £30 (pounds sterling) to be taken from my credit card (MasterCard and Visa only). Details are as follows:

Card Type: MasterCard / Visa (please circle) ..... Cardholder Name: .....

Cardholder Number: .....

Start date: ..... Expiry date: .....

\*CW2 No: ..... Signature: .....

Cardholder Address: .....

(if different from above address)

\*CW2 No: this is the number on the back of your card - without this number we are unable to process payments through the system

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