

# CARDIOLOGY GRAND ROUNDS

**Title: Mapping the future of cardiac magnetic resonance imaging (CMR)**

**Speaker: David Lin, MD**

Cardiologist

Minneapolis Heart Institute® at Abbott Northwestern Hospital

**Date: Monday, October 2, 2017**

**Time: 7:00 – 8:00 AM**

**Location: ANW Education Building, Watson Room**

## OBJECTIVES

At the completion of this activity, the participants should be able to:

1. Identify the use of CMR in non-ischemic cardiomyopathy.
2. Identify the use of CMR with conditional and non-conditional cardiac devices.
3. Synthesize the use of T1/T2 mapping.

## ACCREDITATION

### Physician

Allina Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Allina Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### Nurse

This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

## DISCLOSURE STATEMENTS

### Moderator(s)/Speaker(s)

Dr. Lin has disclosed that he does not have any conflicts of interest in making this presentation.

### Planning Committee

Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn Moore, Dr. Scott Sharkey, and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. David Hurrell declares the following relationship –Boston Scientific: Chair, Clinical Events Committee.

**We gratefully acknowledge the following organizations for their financial contributions for this activity:**

**Janssen Pharmaceutical Companies of  
Johnson & Johnson**

**Pfizer**

**PLEASE SAVE A COPY OF THIS FLIER AS YOUR CERTIFICATE OF ATTENDANCE**

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

*My signature verifies that I have attended the above stated number of hours of the CME activity.*

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