Program Code: _____

Title: _____

Presenter(s):_____

Date of Activity: _____

Institution: _____

Department: _____

Dear Colleague: We strive to deliver quality programs that meet your educational needs. Your feedback will be taken into consideration when planning CME events in the future. Please return your completed evaluation form to the registration desk as you leave.

Learning Objectives – The following learning objectives were met. Please circle your response

5 - Strongly Agree	4 – Agree	3 – Somewhat Agree	2 - Disagree	1 - Strongly Disagree
<Insert Objectives Here>				
				5 4 3 2 1
				5 4 3 2 1
				5 4 3 2 1
				5 4 3 2 1

Please rate the <u>content</u> and <u>quality</u> of the speaker's presentation. Please circle your response.

5 - Excellent	4 – Above Average	3 - Average	2 - Fair	1 - Poor
<Insert Topic Here>			CONTENT	SPEAKER
			5 4 3 2 1	5 4 3 2 1

Were the speaker's commercial relationships and types of relationships disclosed to the audience (*either by announcement, distribution, slide or listed in the front of the syllabus*) prior to the beginning of the activity? Alternatively, if the speaker(s) had no relationships to disclose was the audience informed prior to the activity?

Yes □   No □

If a conflict of interest was identified, was the method of resolution disclosed to the audience?

Yes □   No □

CME activities are required to be evidence based and bias free. Do you feel the presentation was balanced and free from commercial bias?   Yes □   No □

If no, please explain;

_____

_____

Continued on Opposite Side →

Will information obtained from this activity alter your practice/procedure?   Yes □   No □   Somewhat □

Will you develop mechanisms to influence behavior changes in your patients? If yes, please explain
Print clearly:

_____

_____

List two things you will do differently in your practice as a result of this activity.

_____

_____

Is there a performance or quality gap that can be addressed for you in a future program?

_____

_____

_____

What additional topics would you like us to cover in future programs?

_____

_____

_____

List one **new** fact or concept learned from this activity.

_____

_____

Please rate the **audiovisuals**.   Excellent □   Satisfactory □   Poor □
Please rate the **facility**.   Excellent □   Satisfactory □   Poor □

How did you find out about this program?
Comments:

_____

_____

_____

_____

Thank you.