

Name of Conference

Date of Conference

Program Evaluation

Evaluations are very important to us and are required for continuing medical education accreditation. The planning, execution and continuous improvement of high quality continuing medical education programs are largely guided by input provided by program participants. Your response to the following questions will help to ensure that future programs are informative and meet participants' educational needs. Please respond to the following questions and leave this completed evaluation form with the continuing education staff member prior to your departure.

Topic and Speaker

The following objective was met

Add objective

	Yes	No		
Quality of speaker presentation	Excellent	Good	Fair	Poor
Number of patients with this condition you see per week	0	1-5	6-15	16 or more
Probability of changing practice due to this presentation	High	Low	No change necessary	
What would you change or consider changing? _____				
Presentation was evidence-based and balanced	Yes	No		
Presentation was free from commercial bias	Yes	No (if 'no,' why)? _____		

Comments: _____

Topic and Speaker

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Add objective

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Comments: _____

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Comments: _____

1. Why did you choose this CME activity? (check all that apply)

Location	Time of Year	CME Credit	Presenter	Topic Interest
Large % of patients with condition		Keep current	Other	_____

2. How did this activity compare to other similar activities that you have attended?

Better	Average	Below Average	Poor
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3. List 1-3 things that you intend to change in your practice as a result of attending this activity:

No change necessary

4. What percentage of information presented in this activity will be of use to you?

0%	20%	40%	60%	80%	100%
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5. Topic suggestions for a future CME activity? _____

6. Other comments about this activity: _____

Help Us Continue to Improve the Learning Experience!

We will send a reminder of your planned practice changes in about six weeks and will appreciate your response regarding success in making the changes, or barriers to doing so. If you agree to this reminder and can reply by email, please add your name, phone and email address below.

Name: _____

Email: _____ Phone: _____