

**PRESENTER:** Andreas Sakopoulos, MD

**DATE:** February 27, 2015

## Evaluation Form

Please fill out this form and click on the **SUBMIT THIS FORM BUTTON AT THE BOTTOM.**

If you have any questions, contact Terri Boudreaux at 707.467.5211 or email [terri.boudreaux@ah.org](mailto:terri.boudreaux@ah.org)

1. Did today's activity provide information that was NEW to you or expand your existing knowledge? ☐ YES ☐ NO

2. Did this activity provide you with information that will influence a change in your practice (e.g., improve your knowledge, competence or performance?) ☐ YES ☐ NO

If YES, how? Please check one or more of the following:

- ☐ Improve diagnostic abilities
- ☐ Improve office patient care
- ☐ Improve hospital patient care
- ☐ Other, please specify

3. Did this presentation meet your learning expectations? ☐ YES ☐ NO

If NO, how? Please explain:

4. How will you apply the knowledge gained from this activity in your practice? Please explain

5. Was this program free of commercial support or commercial bias? ☐ YES ☐ NO

6. Did this presentation include any discussion of relevant barriers to care that may be influenced by cultural, ethnic, language, gender, age, or other issues? ☐ YES ☐ NO

**IMPORTANT:** All questions must be completed to receive CE credit for your participation

**Attendee Signature:** \_\_\_\_\_

\*\*\*\*DISCLOSURE TO AUDIENCE\*\*\*\*

All faculty, planners, or staff involved with planning and/or presenting this activity has declared no financial relationship with commercial interest.

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