

**Continuing Medical Education Office
PARTICIPANT COURSE EVALUATION FORM**

Course:

Date:

Please complete and return this evaluation to the Registration Desk at course conclusion in order to receive your certificate.

NOTE: This evaluation is necessary to receive credits.

COURSE EVALUATION	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Facility conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of syllabus / handout material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate time for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of course for content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall course management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COURSE OBJECTIVES

Objective 1: Met / Not Met

Objective 2: Met / Not Met

Objective 3: Met / Not Met

Objective 4: Met / Not Met

My personal objectives were: Met / Not Met

How much of this content was new to you? (Circle one)

Almost All About 75% About 50% About 25% Almost none

As a result of what you have learned in this course, will you change your practice behaviors? (Circle one)

Very likely Likely Somewhat likely Not at all likely

What did you like best about this activity? _____

What could have made this activity better? _____

Suggestions for future topics: _____

Compared with other CME courses you have attended, how would you rank this course in terms of innovation, content, and topics?

One-of-a-kind Up-to-date Some innovation Material well known

Please rate the degree to which this course met the ACCME requirement that CME activities must be free of commercial bias for or against a specific product.

Excellent Good Fair Poor

Overall was this activity satisfactorily free from commercial bias? Yes No

If NO, please explain: _____

What was the most important factor that influenced your decision to attend this course?

Speakers Location Topics CME credit Cost Other: _____

Please comment on each presentation/presenter:

	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Speaker Name <i>Topic</i> Practical Value Content Delivery Visual Aids Free of Commercial Bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Name <i>Topic</i> Practical Value Content Delivery Visual Aids Free of Commercial Bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Name <i>Topic</i> Practical Value Content Delivery Visual Aids Free of Commercial Bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Name <i>Topic</i> Practical Value Content Delivery Visual Aids Free of Commercial Bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Name <i>Topic</i> Practical Value Content Delivery Visual Aids Free of Commercial Bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Name <i>Topic</i> Practical Value Content Delivery Visual Aids Free of Commercial Bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any additional comments about the course or the faculty from today that you wish to share, please explain here: _____

Thank you for taking the time to complete this evaluation. Your feedback is greatly appreciated.