



2209 Dickens Road • Richmond, VA 23230-2005
 (804) 565-6370 • (804) 282-0090 fax • info@aoao.org • www.aoao.org

PROGRAM EVALUATION FORM

24th Annual Educators' Course • April 7, 2016 • Arizona Grand Resort and Spa • Phoenix, AZ

IMPORTANT: To comply with the accreditation requirements for AOA CME sponsors, and in order to obtain credit for your attendance, **this form must be completed, signed and turned in at the registration desk prior to your departure from the meeting.**

	Excellent	Very Good	Good	Needs Improvement	Poor
Overall course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall course organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time was allowed for questions and/or audience participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall activity rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met the stated objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided relevant and interesting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulated interest and maintained audience attention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional comments If you checked "Needs Improvement" or "Poor" on any of the items above, please explain: _____ _____ _____ _____ _____		
Was disclosure of faculty and commercial relationships made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Were off-label products discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If they were discussed, was it disclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Did you perceive any inappropriate commercial bias or influence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

What topics would you like to see presented at future Educators' Courses? _____

THE FOLLOWING INFORMATION MUST BE COMPLETED, AND CLEAR IN ORDER TO RECEIVE CREDIT FOR THIS COURSE. PLEASE READ THIS SECTION CAREFULLY.

Approval of 9.5 AOA Category 1-A credits has been granted by the AOA Council on Continuing Medical Education.
 Please indicate the total number of hours you actually attended.

Credit for this program will only be given to those registrants who complete and return this form.

Name (Please print): _____ DO MD PhD Other Number of Hours: _____

Signature: _____ Date: _____ AOA # _____