



Continuing Medical Education

Evaluation Questionnaire

Course/Program Title							
Date(s)							
Location							
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
	Presentation & Effectiveness						(1)
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						



Conference Title

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Will you be able to be more effective/efficient in your professional responsibilities as a result of this conference	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you feel that the quality of patient care will be improved as a result of this lecture?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Please list which changes you will make in the way you deliver patient care (indirectly or directly) as a result of this program: 1) 2) 3)			
Was this lecture evidenced-based and free of commercial bias?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
What were the strengths of this conference			
Suggestions for improvement?			
Suggested future topics?			