



## Continuing Medical Education Evaluation Questionnaire

<b>Program Title</b>									
<b>Date(s)</b>									
<b>Location</b>									
<b>SPEAKER</b>	<b>Evaluation Criteria</b>	<b>E</b> <small>Excellent</small>	<b>VG</b> <small>Very Good</small>	<b>G</b> <small>Good</small>	<b>F</b> <small>Fair</small>	<b>P</b> <small>Poor</small>	<b>By the end of this lecture, participants will be able to...</b>		
<b>Lecture Title</b>	<b>Presentation &amp; Effectiveness</b>						•		
	<b>Course Objectives Met</b>								
	<b>Content Relevance</b>								
	<b>Overall Opinion</b>								
<b>Will you be able to be more effective/efficient in your professional responsibilities as a result of this program?</b>							<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>Do you feel that the quality of patient care will be improved as a result of this program?</b>							<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>Please list which changes you will make in the way you deliver patient care (indirectly or directly) as a result of this program:</b> 1) 2) 3)									
<b>Was this lecture evidenced-based and free of commercial bias?</b>							<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>What were the strengths of this program?</b>   									
<b>Suggested future topics?</b>   									