

CME PROGRAM EVALUATION

Program:	
Speaker:	Date:

Objectives: At the conclusion of this program, participants should be able to

1. How would you rate these aspects of the program:

	Completely	To a Great Extent	Somewhat	Only Slightly	Not at All
How well did this program meet the objectives?					
Did the speaker demonstrate a thorough knowledge of the subject?					
Was the speaker's presentation clear and effective?					
Were well-developed audiovisuals and/or handouts used to complement the presentation?					

2. Was this program of benefit?

- Convinced me I'm doing the right thing
- Is relevant to my practice
- Is not relevant to my practice

3. Will this program alter your practice performance?

If yes, how? _____

4. What part of the program did you find most valuable?

5. Additional comments or future programs you would like to have? (Please include suggested speaker)

Name _____
Please Print

Signature