

## Continuing Medical Education Evaluation Form

The Lecture				
<b>Title</b> :				
<b>Speaker</b> :		<b>Date</b> :		
ITEM	RATING ( Please circle one number )			
	Poor	Average	Good	Excellent
<b>Speaker</b>	1	2	3	4
<b>Content</b>	1	2	3	4
<b>Audiovisual</b>	1	2	3	4
<b>Discussion</b>	1	2	3	4
<b>Impact on Patient Care</b>	1	2	3	4

**This represented new knowledge:**

None     
  Some     
  Moderate     
  All New

The Program:-		
The program's objectives were clearly defined.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The program met the stated objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The program was relevant to the topic.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The program met my expectations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There was sufficient time for discussion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The program was well organized.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**General comments and suggestions about this program you have just attended:**

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