Date:

Continuing Medical Education Evaluation Form

First Lecture				
Title : **Speaker :**				
ITEM	**RATING** **(Please circle one number)**			
	Poor	**Average**	**Good**	**Excellent**
Speaker	1	2	3	4
Content	1	2	3	4
Audiovisual	1	2	3	4
Discussion	1	2	3	4
Impact on Patient Care	1	2	3	4

Second Lecture				
Title : **Speaker :**				
ITEM	**RATING** **(Please circle one number)**			
	Poor	**Average**	**Good**	**Excellent**
Speaker	1	2	3	4
Content	1	2	3	4
Audiovisual	1	2	3	4
Discussion	1	2	3	4
Impact on Patient Care	1	2	3	4

This represented new knowledge:

□ None □ Some □ Moderate □ All New

The Program		
The program's objectives were clearly defined.	□ Yes	□ No
The program met the stated objectives.	□ Yes	□ No
The program was relevant to the topic.	□ Yes	□ No
The program met my expectations.	□ Yes	□ No
There was sufficient time for discussion.	□ Yes	□ No
The program was well organized.	□ Yes	□ No

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

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