

TEMPLATE

UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE  
DEPARTMENT OF CONTINUING MEDICAL EDUCATION

<Program Title>  
<Program Location>  
<Date(s)>

**PROGRAM EVALUATION**

**GENERAL LEARNING OBJECTIVES:**

- < >
- < >
- < >

Please rate the following: (check one area only)

<Date>
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<Title> <Speaker>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Content				
Presenter's knowledge of topic				
Presenter's delivery of material				
Comments:				

<Title> <Speaker>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Content				
Presenter's knowledge of topic				
Presenter's delivery of material				
Comments:				

<Title> <Speaker>				
	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Content				
Presenter's knowledge of topic				
Presenter's delivery of material				
Comments:				

(over please)

	Excellent	Good	Fair	Poor
<b>Overall Program</b>				
Content				
Organization & Format				
Meeting Space				
Food & Beverage				
Registration Process				
Staff/Customer Service				

Were the stated learning objectives met by this activity?	<b>YES</b>	<b>NO</b>
If not, why not?		

Were your own learning objectives met?	<b>YES</b>	<b>NO</b>
If not, why not?		

In your opinion, was there any evidence of conflict of interest or unreasonable bias in this CME activity?	<b>YES</b>	<b>NO</b>
<b>IF YES</b> , please provide details below, as well as your name and contact information so we can follow up appropriately.		
Name: _____ Phone: _____		
Email: _____		

What was most useful to you in this program?

What changes, if any, do you expect in your day-to-day work as a result of having attended this program?

Suggestions for future CME activities:

Please indicate below by which of the following method(s) you learned about this activity:

Friend/Colleague	
Brochure	
Advertisement	
UNE Website	
Other website	
Association/newsletter calendar	
Employer	
You are a former participant	
Email announcement	
Other (specify):	

Additional comments:

**Thank you for completing this evaluation; your comments will help us to plan and improve future programs.**

Signature (optional): \_\_\_\_\_

*\*Some presenters may have disclosed a financial interest, arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentations. The disclosure declarations are available at the Registration table for review on request. This program was developed according to the standards relating to commercial support and bias put forth by the ACCME, the AOA and the American Pharmaceutical Association. It remains for the audience to determine and report whether the speakers' outside interests may reflect a possible bias in either the exposition or conclusions presented.*