

**Name of Organization:**

**Title of Activity:**

**Date:**

**Location:**

**Number of CME credits:**

**Total Attended:**

**CMS Members:**

*1= strongly disagree; 2= disagree; 3= neutral; 4= agree, but not strongly; 5= strongly agree*

Questions ***** *****	# of responses for specified rating				
	1	2	3	4	5
1. The course fulfilled its stated objective.	0	0	0	0	0
2. The activity provided practical information that meets my professional needs.	0	0	0	0	0
3. I learned something new in this course.	0	0	0	0	0
4. The speaker was knowledgeable about the subject.	0	0	0	0	0
5. The course was well organized.	0	0	0	0	0
6. The audiovisuals were clear and useful.	0	0	0	0	0
7. The time provided for the discussion/question and answer period was adequate.	0	0	0	0	0

**What were the strengths of this presentation?**

1.

**In what way could this presentation be improved?**

1.

**As a result of participating in this CME program, I will make the following changes in my practice:**

1.

**What topics would you suggest for future meetings?**

1.