



**The Chicago Medical Society
Joint – Sponsorship Program
Auditors' Evaluation Form**

Title of activity: _____ Joint sponsor organization: _____
 Date of activity: _____ Hours of CME: _____
 Name of auditor: _____ Signature of Auditor: _____

Area	Evaluation Criteria	Place a check (✓) in the appropriate column			
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Speaker	Excellent 4	Good 3	Fair 2	Poor 1
Value of topic				
Presentation content				
Speaking quality				
Audiovisuals				
Did the presentation lean toward a specific drug/product?				
Handouts				

Commercial Support

Were disclosures mentioned?	Yes	No
Was there acknowledgment of commercial support in the meeting room?	Yes	No
Were commercial supporters outside of the meeting room?	Yes	No
Did commercial supporters interfere with topic in any way?	Yes	No

Location

	Excellent 4	Good 3	Fair 2	Poor 1
3. Is meeting room conducive for CME meetings?				
Acoustics				
Lighting				
Temperature				
Food				

GENERAL COMMENTS ON THIS COURSE ON REVERSE SIDE



Were learning objectives met for this course?

Yes or No

If not, please comment. Explain what was covered.

What were the strengths?

What could be improved for these meetings?

Additional comments:
