Registration No.:

Name:

**Continuing Education Evaluation Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LECTURE 1** | | | | |
| (please put ✓ mark) | Poor | Average | Good | Excellent |
| Speaker |  |  |  |  |
| Content |  |  |  |  |
| Audiovisual |  |  |  |  |
| Discussion |  |  |  |  |
| Impact on Patient Care |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LECTURE:** 2 | | | | |
| (please put ✓ mark) | Poor | Average | Good | Excellent |
| Speaker |  |  |  |  |
| Content |  |  |  |  |
| Audiovisual |  |  |  |  |
| Discussion |  |  |  |  |
| Impact on Patient Care |  |  |  |  |

This event 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 |

**Should this program be offered again?** Yes No

If yes, how often? (Check one) Annually

Biannually

Other

Kindly suggest any modifications that we can bring to our CME Programs.

What topics would you like to see us present in the future?

|  |  |  |
| --- | --- | --- |
| **The Venue** | | |
| The venue is accessible to everyone. | * Yes | * No |
| The venue has available room accommodation for delegates need to stay in. | * Yes | * No |
| The lecture room is conducive for learning experience and equipped with audiovisual components for online lectures. | * Yes | * No |
| The venue offers refreshments and meals. | * Yes | * No |
| Overall, the venue is suitable for this event. | * Yes | * No |

Comments / Suggestions: