

(Items on this side required)

Hospital: _____

Name of Series: _____

Date of Presentation: _____

TOPIC / TITLE of Presentation: _____

Speaker Name(s): _____

Academic Title/Affiliation: _____

Learning Objective(s): *At the conclusion of this session, the learner should be able to:*

SPEAKER DECLARATIONS

The Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support requires that presentations are free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community.

The following speaker (s) have disclosed financial interest/arrangements or affiliations with organization(s) that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation(s). Only the current arrangements/interests are included.

Speaker Name(s)

Declarations (if none, state "none")

Commercial Supporter for this session (if none, state "none"): _____

ACCME Standards of Commercial Support of CME require that presentations be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, faculty are requested to use only generic names. If they use a trade name, then those of several companies should be used. If a presentation includes discussion of any unlabelled or investigational use of a commercial product, faculty are required to disclose this to the participants.

(Department/Unit can edit this side to meet their current tracking and evaluation methods)

Attendance Record

TITLE OF ACTIVITY _____

DATE OF PRESENTATION _____

Name: _____
(Please print. Illegible records cannot be recorded.)

Birth Date (mm/dd format): _____
(For record keeping only)

Signature _____

In order to improve the quality of these sessions, we would appreciate your completing this short evaluation. Completed evaluations should be left at the back of the room as you exit. All responses are strictly confidential.

PLEASE EVALUATE in terms of the STATED OBJECTIVES

Professional Category: ____ MD ____ PhD ____ RN ____ Other (____)

1. Improvements in my practice that I intend to make based on information learned during today's activity:

A. _____

B. _____

2. Please indicate how the information presented changed your knowledge, skills, or attitude.

3. If applicable, do you feel the handout material will be useful? Circle One: **YES NO**

4. Please rate the relevance of the material to your particular interest and needs. Circle One:

Very relevant Relevant Not Relevant

5. Please list suggestions or comments you have regarding future topics you would like addressed, or ideas on how these sessions could be improved.

