

**American Osteopathic College of Dermatology
Continuing Medical Education
Attendance Documentation & Program Evaluation**

Name: _____

AOA#/AAD#: _____

Address: _____

Date: Sunday, October 26, 2014

City: _____ ST. _____ ZIP _____ __Physician __Non-Physician

Signature

Please rate speakers on the following scale:

Speaker Evaluation

AREAS OF WEAKNESS

Excellent (5)	Good (4)	Average (3)	Fair (2)	Poor (1)	Delivery	Audiovisual	Content	
Gregory Papadeas, D.O., FAOCD	5	4	3	2	1	D	AV	C
Thi Tran, D.O., FAOCD	5	4	3	2	1	D	AV	C
Lisa Swanson, M.D.	5	4	3	2	1	D	AV	C
Michael Whitworth, D.O., FAOCD	5	4	3	2	1	D	AV	C
James Del Rosso, D.O., FAOCD	5	4	3	2	1	D	AV	C
Scott Wickless, D.O., FAOCD	5	4	3	2	1	D	AV	C
Michael Hohnadel, D.O., FAOCD	5	4	3	2	1	D	AV	C

Evaluation of Content

Excellent (5) Good (4) Average (3) Fair (2) Poor (1)

Presentation met your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation provided usable ideas and/or techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program will improve professional effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time for questions & answers was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash drive syllabus was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminar met your expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format and organization were effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did these lectures meet the objectives of this CME program?	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
Would you attend a similar conference next year?	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
Did the activity remain commercially unbiased?	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO