

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

Name: _____

AOA#/AAD#: _____

Address: _____

Date: Tuesday, October 28, 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				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				
			5	4	3	2	1				

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