|  |  |
| --- | --- |
| **Joint Provider:** |  |
| **Activity Date(s):** |  |
| **Title/Topic:** |  |
| **Speaker(s):** |  |
| **Objectives listed:**  **(REQUIRED)** |  |

Please take the time to complete this evaluation form at the conclusion of today’s educational activity. Your input is greatly appreciated allowing us to better meet your educational needs and to positively impact our CME accreditation standards.

Return the completed form to the organizer of this activity to receive CME Certificate.

#### OVERALL EVALUATION

Yes No N/A

1. Did this activity meet the stated objectives?
2. Will this activity enhance your competence?

If yes, please list examples:

|  |
| --- |
|  |

1. Will this activity influence your practice?

If yes, please list examples:

|  |
| --- |
|  |

4. As a result of this activity, list one or two things that you plan to change in your practice:

(e.g. *“I will encourage HPV immunizations for all boys starting at age 11*”)

|  |  |
| --- | --- |
| **a.** |  |

|  |  |
| --- | --- |
| **b.** |  |

1. Will this activity impact your patient outcomes?

If yes, please list examples:

|  |
| --- |
|  |

1. Was potential faculty conflict of interest (disclosure) provided to the audience prior to the activity?
2. If this event had commercial support, was this information provided to the audience?
3. Was the presentation free from commercial/personal bias for or against a product and/or company?

|  |  |
| --- | --- |
| If no, what was the bias? |  |

1. **Please rate the following on a scale of 1 (Poor) to 4 (Excellent).**

**Poor Excellent**

Conference Materials (Handouts/Audio-Visuals) 1 2 3 4  
Facilities (Comfort, Ability to Hear/See, Accommodations) 1 2 3 4

Quality and Appropriateness of Presenter’s Teaching Methods 1 2 3 4

Value of topic 1 2 3 4

### SPEAKER EVALUATION

1. Use the following key to provide feedback on the presentations.

Ratings: **P**-Poor **F**-Fair **G**-Good **V**-Very Good **E**-Excellent **N/A**-Not Applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Speaker/Topic** | **Presentation Skills** | **Knowledge of Topic** | **Quality of Handout(s)** | **Quality of Audio/Visuals** | **Overall Impression** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Comments:**

|  |
| --- |
|  |

1. **Suggestions and/or topics for future programs:**

|  |
| --- |
|  |

1. Please fill out the information below and return it to the registration table for CME credit.

|  |  |
| --- | --- |
| **Name:** |  |
| **Credentials:** |  |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **Email:** |  |

**Thank you!**

AMA Designation Statement

*The Maine Medical Education Trust designates this live activity for a maximum of* ***\_\_\_\_*** *AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

Joint Providership Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and **(name of nonaccredited provider).** The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.