

Evaluation Form

Please fill out this form and click on the SUBMIT THIS FORM BUTTON AT THE BOTTOM.

If you have any questions, contact Terri Boudreaux at 707.467.5211 or email terri.boudreaux@ah.org

1. Did today's activity provide information that was NEW to you or expand your existing knowledge? YES NO

2. Did this activity provide you with information that will influence a change in your practice (e.g., improve your knowledge, competence or performance?) YES NO

If YES, how? Please check one or more of the following: Improve diagnostic abilities, Improve office patient care, Improve hospital patient care, Other, please specify

3. Did this presentation meet your learning expectations? YES NO

If NO, how? Please explain:

4. How will you apply the knowledge gained from this activity in your practice? Please explain

5. Was this program free of commercial support or commercial bias? YES NO

6. Did this presentation include any discussion of relevant barriers to care that may be influenced by cultural, ethnic, language, gender, age, or other issues? YES NO

IMPORTANT: All questions must be completed to receive CE credit for your participation

Attendee Signature: \_\_\_\_\_

\*\*\*\*DISCLOSURE TO AUDIENCE\*\*\*\*

All faculty, planners, or staff involved with planning and/or presenting this activity has declared no financial relationship with commercial interest.

Submit This Form

Reset this Form