

Charlotte County Medical Society Continuing Medical Participant/Attendee Evaluation Form

Presenatation Rating: Evaluation scale is 1-4 (1 = Poor; 2 = Fair; 3 = Good, 4 = Excellent)

1. The OBJECTIVES of the presentation were met.

2. The information was presented in a knowledgeable, articulate, and effective manner.

3. This knowledge will be beneficial in my practice?

4. Do you have comments regarding today's presentation? If so, what are they?

5. Audio-visual aids were acceptable.

6. If available, were the handouts adequate?

7. My suggestions for future CME presentations are:

PHYSICIAN'S NAME: _____

Please complete and return this evaluation form at the conclusion of the program presented. Thank you. Email to director@ccmsdoctors.com