NPA Tampa 2020 Annual Scientific Conference

Program Evaluation Form

Program Title: *Over the Counter Medications: What Can I Give my Child?*

Universal Program Number: **0092-0000-20-208-L01-P**

**0092-0000-20-208-L01-T**

# Sunday, August 23, 2020

## Please check your profession.

**🛆** Pharmacist (PharmD, RPh) **🛆** PharmacyTechnician **🛆** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please completely darken the diamond corresponding to the number that best represents your opinion.**

**Strongly Agree** **Strongly Disagree .**

1. The program met the advertised educational objectives. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

2. The content was interesting. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

3. The content added to my knowledge of the topic. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

4. The handout materials were useful. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

5. The information provided will be useful in my practice. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

6. I was satisfied, overall, with the program. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

7. The delivery method of the program met my needs. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

8. My active participation was encouraged. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1 ◊ n/a**

9. The presentation was free of commercial bias. **◊** **5** **◊** **4** **◊** **3** **◊** **2** **◊** **1 ◊** **n/a**

**Please rate the speaker listed below, in the following areas.**

**Strongly Agree** **Strongly Disagree**

**Sweeney Irizarry, PharmD candidate**

The speaker was effective in presenting the content. **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1**

The speaker had expertise in the content area.  **◊** **5** **◊** **4** **◊** **3** **◊ 2** **◊** **1**

**How well were the following presentation objectives met?**

 **Excellent Good Fair Poor**

List common illnesses parents seek to treat with OTC . **◊** **4 ◊** **3 ◊** **2 ◊** **1**

Select appropriate OTC medications for use with common illnesses. **◊** **4 ◊** **3 ◊** **2 ◊** **1**

Recognize non-medication therapies for common illnesses. **◊** **4 ◊** **3 ◊** **2 ◊** **1**

**What did you find particularly valuable about this program?**

**What would you suggest to improve specific aspects of this program?**

**Please provide any additional comments about this program.**

**Please mention any evidence of commercial bias in this program.**