**EVALUATION FORM**

**OBJECTIVES: At the conclusion of this session attendees will be able to:**

Please list all objectives:

Please circle your response to the following questions:

**4 = Excellent 3 = Good 2 = Fair 1 = Poor**

1. The presenter was current and knowledgeable of the content.

4 3 2 1

2. The presentation was organized and understandable.

4 3 2 1

3. Audio-visuals/teaching methods were effectively utilized.

4 3 2 1

4. The presenter met the objectives.

4 3 2 1

5. Overall evaluation of this presentation.

4 3 2 1

6. Did the information presented at this session meet your expectation?

4 3 2 1

7. What was the key take away message from this educational session?

 If you have nothing to add please list N/A.

Overall this program was:

1) Please rate how satisfied you are with this CNE activity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| Extremely |  | Neither satisfied |  | Extremely |
| dissatisfied |  | or dissatisfied |  | satisfied |

2) Please rate how satisfied you are with format of this CNE activity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| Extremely |  | Neither satisfied |  | Extremely |
| dissatisfied |  | or dissatisfied |  | satisfied |

If dissatisfied, what changes would you suggest?

3) Did you perceive any commercial bias in this presentation? Yes or No

 If yes, please describe.

4) Please suggest additional important topics for ANAC provided CNE:

5) How will the information presented in this session impact your clinical practice or job?

6) Additional comments:

**Thank you for attending!**