CME EVALUATION INSTRUMENT

[Insert Activity Title]
[Insert Date]

*Completion and submission of this form is required for physicians seeking CME credit.

Physician Name: __________________________________________________________
Physician Specialty: _____________________________________________________
Today’s Date: ___________________________________________________________

Target Audience: [Insert]

This activity is accredited for a maximum [insert total credits requested].

Number of credits that you are requesting: _____________________________ (please round to the nearest .25 hours)

Evaluation Questions

1. As a result of participating in this CME activity, do you agree the following learning objectives were met:

   A. [Insert learning objective #1]
     Agree  Disagree

   B. [Insert learning objective #2]
     Agree  Disagree

   C. [Insert learning objective #3]

2. As a result of participating in this CME activity, will you adopt a new strategy or modify an existing strategy for managing patients or accomplishing other work that you do?

   Yes ☐    No ☐

   If you answered YES to question two, what do you intend to do differently?
   ____________________________________________________________
If you answered NO to question two, please describe any obstacles that stand in the way of changing how you practice based on this activity?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Disclosure of Commercial Interest

3. Speakers are required to disclose whether or not they have commercial interests that may bias their presentations. Was such a disclosure made by each speaker?

Yes ☐ No ☐

4. Did you detect any bias in presentations in favor of or against any commercial product or service? Bias means that information about a product or service is presented without evidence from research that is conducted under the generally accepted principles and/or reference to other similar products or services in the same class.

Yes ☐ No ☐

If you answered YES to question four, please describe the bias that you detected?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Education Needs

5. Please identify any education needs you have that if addressed in a learning activity, such as this, could improve the outcomes of the work you do. You response may help guide future CME events.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature: ____________________________________________________________

Revised: May 2, 2019