



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. Your response may help guide future CME events.

Signature: _____