CME Evaluation Instrument

This form is required for physicians seeking CME credit.

Physician’s Name: ____________________________________________
Physician Specialty*: __________________________________________
Today’s Date: ________________________________________________

*Specialties that were identified as target audiences for this activity include [Insert specialty names and/or “primary care” if appropriate here]

This activity is accredited for a maximum of (insert number of credits here) credits.

Number of Credits you are Requesting: ________________________

1. As a result of participating in this CME activity, do you agree the following objectives were met:
   a. [Insert Objective #1]
      Agree   Disagree
   b. [Insert Objective #2]
      Agree   Disagree
   c. [Insert Objective #3]
      Agree   Disagree

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 yes, what do you intend to do differently?

   ________________________________________________________________

   If no, please describe any obstacles that stand in the way of your changing how you practice based on this activity?

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
3. Disclosure of Commercial Interest

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

☐ Yes  ☐ No

4. Please identify any education needs you have that if addressed in a learning activity such as this one could improve the outcomes of the work you do. This information may guide future CME events:

5. 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 for research that is conducted under generally accepted principles and/or reference to other similar products or services in the same class.

☐ Yes  ☐ No

If yes, please describe the bias that you detected?

Please Sign: __________________________________________