

CME Evaluation for an Industry Supported Activity

CME Provider fills out the portion in the gray box.

The remainder is to be completed by each participant.

Program:	
Date:	Time:
Location:	Length of presentation:
Name of Grantor / Sponsor:	
Speaker /Faculty:	

Content

Please rate the following:

	Outstanding/ Yes			Poor/ No	
1. Program content	5	4	3	2	1
2. Relevancy of content to your practice	5	4	3	2	1
3. Were explicit learning objectives stated?	5	4	3	2	1
4. Were learning objectives met?	5	4	3	2	1
5. Please rate the program overall.	5	4	3	2	1
6. As a result of this program, will you alter your practice?	Yes		Maybe		No

Objectivity

	Yes			No	
Are you aware of drugs/ products related to topic that are produced by the grantor?	5	4	3	2	1
Did speaker present a balanced view of therapeutic options?	5	4	3	2	1
Did you detect bias in favor of the products produced by the grantor?	5	4	3	2	1
Were brand name(s) mentioned during presentation?	Yes				No
If yes, which ones?					
Did the speaker discuss unlabeled uses of any products?	Yes				No
If so, was it disclosed that they were unlabeled uses?	Yes				No
Were relationships between grantor and speaker disclosed? (e.g., payment of honorarium)	Yes				No