

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

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