



Wisconsin Medical Society

Your Doctor. Your Health.

EVALUATION OF CME ACTIVITY

Activity Title: _____

Presenter: _____

Date of Activity: _____ Approved category 1 credit(s): _____

Location of Activity: _____

Purpose/Objectives:

- [objective 1]
- [objective 2]
- [objective 3]

	Yes	No
1. Was disclosure made to the audience?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did this activity meet the stated purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did this activity meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was this program balanced and free from commercial bias?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the speaker do an adequate job of presenting?	<input type="checkbox"/>	<input type="checkbox"/>
6. What specific aspect(s) of your practice will you change because of what you've learned in this CME activity? _____		

7. The greatest strength of this activity was: _____

8. The greatest weakness of this activity was: _____

9. On what topics do you feel you need further education? _____

10. Based on what you have learned today please list any possible barriers that keep you from applying learned changes to your practice? _____

11. May we contact you in a few months to do a follow-up evaluation? No Yes [If yes, please let us know how you would prefer that we contact you (i.e., e-mail, phone, fax, etc.): _____]

Additional Comments:

Speakers and planners for this educational session have completed a Disclosure of Relevant Financial Relationships form and have no relevant financial relationships to disclose (or appropriate statement). This educational activity has received no commercial support (or appropriate statement).

In order to receive CME credit, please complete this form and return to us at the end of the conference, mail to the Wisconsin Medical Society, Attn: CME, PO Box 1109, Madison, WI 53701, or fax to: (608) 442-3802. Thank you.

Printed Name: _____ Address (for certificate): _____

Credits claimed (if less than maximum): _____

The Wisconsin Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Wisconsin Medical Society designates this [learning format] activity for a maximum of [0.0] AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.