|  |  |
| --- | --- |
| **Joint Provider:** |  |
| **Activity Date(s):** |  |
| **Title/Topic:**  |  |
| **Speaker(s):** |  |
| **Objectives listed:** **(REQUIRED)** |   |

Please take the time to complete this evaluation form at the conclusion of today’s educational activity. Your input is greatly appreciated allowing us to better meet your educational needs and to positively impact our CME accreditation standards.

Return the completed form to the organizer of this activity to receive a CME Certificate or Certificate of Participation.

#### OVERALL EVALUATION

 Yes No N/A

1. Did this activity meet the stated objectives? [ ]  [ ]  [ ]
2. Will this activity enhance your competence? [ ]  [ ]  [ ]

 If yes, please list examples:

|  |
| --- |
|  |

1. Will this activity influence your practice? [ ]  [ ]  [ ]

 If yes, please list examples:

|  |
| --- |
|  |

4. As a result of this activity, list one or two things that you plan to change in your practice:

(e.g. *“I will encourage HPV immunizations for all boys starting at age 11*”)

|  |  |
| --- | --- |
| **a.** |  |

|  |  |
| --- | --- |
| **b.**  |  |

1. Will this activity impact your patient outcomes? [ ]  [ ]  [ ]

 If yes, please list examples:

|  |
| --- |
|  |

1. Was potential faculty conflict of interest (disclosure) provided to the audience prior to the activity? [ ]  [ ]  [ ]
2. If this event had commercial support, was this information provided to the audience? [ ]  [ ]  [ ]
3. Was the presentation free from commercial/personal bias for or against a product and/or company? [ ]  [ ]  [ ]

|  |  |
| --- | --- |
| If no, what was the bias? |  |

1. **Please rate the following on a scale of 1 (Poor) to 4 (Excellent).**

 **Poor Excellent**

Conference Materials (Handouts/Audio-Visuals) 1 2 3 4
Facilities (Comfort, Ability to Hear/See, Accommodations) 1 2 3 4

Quality and Appropriateness of Presenter’s Teaching Methods 1 2 3 4

Value of topic 1 2 3 4

### SPEAKER EVALUATION

1. Use the following key to provide feedback on the presentations.

Ratings: **P**-Poor **F**-Fair **G**-Good **V**-Very Good **E**-Excellent **N/A**-Not Applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Speaker/Topic** | **Presentation Skills** | **Knowledge of Topic** | **Quality of Handout(s)** | **Quality of Audio/Visuals** | **Overall Impression** |
|  |  |  |  |  |  |

1. **Comments:**

|  |
| --- |
|  |

1. **Suggestions and/or topics for future programs:**

|  |
| --- |
|  |

1. Please fill out the contact information below.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Credentials:** |  | **Email:** |  |

1. The Hanley Center is able to report CME Credit on your behalf to all state medical and osteopathic licensing boards and MOC credits to specialty boards. Do you consent to have the Hanley Center report this data?

[ ]  Yes [ ]  No [ ]  This does not apply to me, I am not an MD or DO

1. If you answered yes to the question above, please provide the following information for reporting purposes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Birth (MM/DD):** |  | **State of Licensure:** |  | **License ID:** |  |
| **Certifying Board:** |  | **Certifying Board ID:** |  |

1. Please select one of the following:

[ ]  I attest that I have completed the entire activity and claim **[insert credit hours]** *AMA PRA Category 1 Credit(s)TM* or have participated in this activity for **[insert number of hours]** hours.

[ ]  I am an MD or DO and claim only \_\_\_ *AMA PRA Category 1 Credit(s)TM* for this activity. Please insert the number of credit hours you are claiming: 1 hour = *1* *AMA PRA Category 1 Credittm.*

[ ]  I am a non-physician and participated in this activity for \_\_\_\_ hours. Please insert the number of hours in 15-minute increments. 15 minutes = .25 hours; 60 minutes = 1 hour.

[ ]  I do not wish to claim *AMA PRA Category 1 Credits™* or participation hours for this activity.

**Thank you!**

AMA Designation Statement

*The Hanley Center for Health Leadership and Education designates this* ***[activity type – live activity; regularly scheduled series; or enduring material]*** *for a maximum of* ***[insert credit hours]*** *AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

Joint Providership Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Hanley Center for Health Leadership and Education and **[name of nonaccredited joint provider].** The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

**MOC Recognition Statement**

**[Add the Recognition Statement for the corresponding specialty board]**