

DIABETES TRAINING WORKSHOP

Physicians Association Annual Meeting

Friday, December 23, 2011

Name: _____
(PLEASE PRINT LEGIBLY)

Address: _____

City, State, Zip: _____

Please use blue or black ink
or pencil only.



In compliance with ABCD Guidelines, certification of CME credit hours will be given only to those registrants who complete and submit the CME evaluation for sessions they attend. To receive a certificate, you MUST complete this form and return to our staff before your departure. Your name and address must be legible. You also must indicate below the actual hours you attended and attest with your signature.

Hours attended will be reported to ABCD for you if you return this form at the meeting.

I attended the Diabetes Training Workshop, Friday, December 23, 2011 for the hours indicated:

1 Hr 2 Hrs 3 Hrs 15 Min 30 Min 45 Min

Signature Required: _____

PLEASE EVALUATE THE FOLLOWING:

(1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent)

PROGRAM EVALUATION

Diabetes Training Workshop

1. Were educational objectives satisfied? Yes No
2. Will the information presented be useful in your practice? Yes No
3. How would you rate the speaker's ...
 - a. knowledge of the subject? (1) (2) (3) (4) (5)
 - b. presentation skills (include AV)? (1) (2) (3) (4) (5)
 - c. syllabus materials (1) (2) (3) (4) (5)
4. What is your overall rating of this presentation? (1) (2) (3) (4) (5)

SELF EVALUATION

1. My attendance was worth the time, effort and expense. Yes No
2. The educational objectives targeted my needs for this program. Yes No
3. Based upon the information you have received during this activity, please list any changes or applications that can be made to your clinical practice.

To receive a certificate for attending this workshop, submit this completed evaluation form to an ABCD staff member. Your certificate will be mailed to you and hours will be reported to ACCD if you return this form at the meeting.