

AMERICAN COLLEGE OF SURGEONS | DIVISION OF EDUCATION
Blended Surgical Education and Training for Life
JOINT PROVIDERSHIP PROGRAM

EVALUATION FORM
2015 Surgical Education Week
April 20-25, 2015
Westin Seattle, Seattle, WA

To receive a CME Certificate: Please bring this completed form to the registration desk, fax to 217-529-9120, or email bbrown@associationcentral.org.

Hours of Operation: Daily 7:00am-5:00pm. Requests for CME certificates will be honored up to six months after the meeting.

As a participant at this educational activity, I attended _____ hours* of sessions.

*1 hour = 1 AMA PRA Category 1 Credit™ APDS -Tuesday = 5.25; Wednesday = 7.75; Thursday = 3.75; ASE – Thursday = 3.75; Friday = 7.75; Saturday = 3.00; APDS New Program Directors Workshop CME = 11.00, APDS New Program Directors Workshop SA = 9.00

YOU MUST CHECK THIS BOX IF YOU ARE A MEMBER OF THE AMERICAN COLLEGE OF SURGEONS. If you do not, your CME certificate will not be transferred to your MY CME record on the ACS Portal. In addition, providing us with your ACS member number will ensure proper credit is posted faster and to the correct page.

ACS Member # _____

PLEASE PRINT

NAME _____ email _____

Instructions:

◆ **Please circle the appropriate number for each question**

| | Excellent | Very Good | Good | Fair | Poor |
|--|-------------------|-----------|---------|----------|----------------------|
| 1. Overall, how would you rate this educational activity? | 5 | 4 | 3 | 2 | 1 |
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 2. Program topics and content met the stated objectives | 5 | 4 | 3 | 2 | 1 |
| 3. Content was relevant to my educational needs | 5 | 4 | 3 | 2 | 1 |
| 4. Educational format was conducive to learning | 5 | 4 | 3 | 2 | 1 |
| 5. Acquired knowledge will be applied in my practice environment | 5 | 4 | 3 | 2 | 1 |
| 6. I will seek additional information on this subject | 5 | 4 | 3 | 2 | 1 |
| 7. Program was fair, objective, and unbiased toward any product or program | 5 | 4 | 3 | 2 | 1 |

Please explain any specific instance(s) of bias or conflict of interest:

8. List a minimum of two things you are going to change in your practice as a result of what you have learned at this activity.

9. Describe the barriers anticipated when implementing the above changes:

10. Do you have any suggestions for future topics to support and/or expand on what you have learned at this activity?

Additional Comments:
