



EVALUATION FORM

Association for Surgical Education (ASE)/Association for Program Directors in Surgery (APDS)  
2016 Surgical Education Week  
April 12-16, 2016 | Boston, MA

**TO RECEIVE A CME CERTIFICATE:** Please bring this completed form to: Surgical Education Week Registration Desk

**HOURS OF OPERATION:** Tuesday, 12:00-5:00pm, Wednesday, Thursday, Friday, 7:00am-5:00pm, Saturday, 7:00am-12:00pm

NAME (PLEASE PRINT)	ARE YOU A MEMBER OF THE AMERICAN COLLEGE OF SURGEONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL ADDRESS	ACS MEMBERSHIP ID (required) Credits will not post to your ACS MyCME webpage if ID not provided	

2016 Surgical Education Week

**AMA PRA Category 1 Credits™**

The American College of Surgeons designates this live activity for a maximum of **30.00** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2016 Surgical Education Week Breakdown by Day

AMA PRA Category 1 Credits™

Tuesday 3.25    Wednesday 7.50    Thursday 7.75    Friday 8.00    Saturday 3.50

2016 Association for Program Directors in Surgery New Program Directors Workshop

**AMA PRA Category 1 Credits™**

The American College of Surgeons designates this live activity for a maximum of **11.50** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the AMA PRA Category 1 Credits™ listed above, a maximum of **9.75** credits meet the requirements for Self-Assessment.

As a participant of this educational activity, I am claiming \_\_\_\_\_ hours of CME Credit.

**\*NOTE: 15 MINUTES OF SESSION ATTENDANCE = 0.25 AMA PRA CATEGORY 1 CREDITS™**

Please check the appropriate box.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Overall, how would you rate this educational activity?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
2. Program topics and content met the stated objectives.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. Content was relevant to my educational needs.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. Educational format was conducive to learning.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. Acquired knowledge will be applied in my practice environment.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. I will seek additional information on this subject.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7. Program was fair, objective, and unbiased toward any product or program	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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

9. 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.

1.

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2.

10. Describe the barriers anticipated when implementing the above changes.

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

12. Additional Comments