

**Required for accreditation/certification*

PROGRAM EVALUATION FORM (SAMPLE)

1. I am a:

- | | |
|---|---|
| <input type="checkbox"/> Surgeon | <input type="checkbox"/> Resident/Student |
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> Specialist (please specify): _____ |
| <input type="checkbox"/> Psychologist | |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nurse Practitioner | |

2. My practice is considered:

- Urban
 Rural

3. I have been in practice for: _____ [# of years]

4. Please explain:

- i) The most effective part of the content:

ii) The least effective part of the content:

iii) The key pearls I learned were:

5. How did you hear about this CPD Activity?

Select all that apply:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Medical Journal |
| <input type="checkbox"/> Calendar | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Website | <input type="checkbox"/> Attended previously |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other (please specify): _____ |

6. Were the stated learning objectives met?*

7. Did you perceive any bias, whether industry or other, in any part of the program?*

- Yes If yes, please explain: _____
 No

8. By attending this CPD Activity, I am motivated to change my practice in the following ways:*

9. (Optional) Did the program content offer balanced views across all relevant options related to the content area?

10. (Optional) Can you identify any barriers to incorporating what you learned today into your practice?

11. Please suggest topics and/or speakers for future CPD Activities:

12. Overall Conference Comments – additional comments or suggestions: