

FAX: 205-838-3518

Title of Regularly Scheduled Series: _____

Dates: _____

ACTIVITY CONTENT	Strongly Agree		Agree		Strongly Disagree
I will apply the knowledge/skills I learned	5	4	3	2	1
The activity fulfilled my educational needs	5	4	3	2	1
Ability to improve professional effectiveness	5	4	3	2	1

LEARNING OBJECTIVES

Did the speaker meet the objectives? ☐ Yes ☐ No

The activity format enhanced achievement of learning objectives ☐ Yes ☐ No

INTENT TO MAKE PRACTICE CHANGES

Please identify two specific strategies that you intend to make and incorporate into your practice as a result of attending this Regularly Scheduled Series.

1. _____

2. _____

COMMERCIAL SUPPORT/PERCEPTION OF BIAS

RSS was free of commercial bias (if no, specify):

☐ Yes ☐ No *If no, commercial bias indicated by:*

<input type="checkbox"/> Unbalanced view of therapeutic options	<input type="checkbox"/> Failure to use generic names
<input type="checkbox"/> Use of single brand name vs. several	<input type="checkbox"/> Illustrative material reflects company product promotion
<input type="checkbox"/> Failure to disclose that product recommended for off label use or still investigational	<input type="checkbox"/> Other: _____

Disclosures clearly communicated ☐ Yes ☐ No

SPEAKER

Speakers selected for RSS were:

☐ Excellent ☐ Good ☐ Average ☐ Poor

Please indicate any members of faculty/speakers that should NOT be used in the future:

FUTURE ACTIVITIES

Suggested topics and speakers for future CME activities:

REQUEST FOR CREDIT

If you wish to receive credit for this activity, please return this form to the registration desk upon your departure.

<input checked="" type="checkbox"/> I participated in the entire activity and claim _____ credits.	<input type="checkbox"/> I participated in part of the activity and only claim partial credits based on _____ hours of instruction. (e.g., 4.25, 4.5, 4.75)
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☒ By checking the box, I certify the above is true and correct.

Print Name: _____

Signature: _____