

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: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	Please indicate any members of faculty/speakers that should NOT be used in the future:
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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)
<input checked="" type="checkbox"/> By checking the box, I certify the above is true and correct.	
Print Name: _____	Signature: _____