ACTIVITY ATTENDANCE & EVALUATION FORM FOR REGULARLY SCHEDULED SERIES (RSS)

Activity Title _____

This activity is made possible in part by an educational grant from _____

FOR ATTENDINGS & PAs
This form establishes your attendance at RSS
You must submit it to receive AMA credit.

Course Director's/Moderator's Disclosures:

_____

_____

_____

Presenter's Disclosures: _____

_____

_____

_____

Date: _____

Presenter: _____

Title: _____

Location: _____

Albert Einstein College of Medicine designates this educational activity for ***a maximum of*** ___1___ ***AMA PRA Credits™***. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Albert Einstein College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Your Name: ***Please print***

☐ ☐

Last First Degree

1) Did the learning objectives meet the overall purpose of the activity? ☐ Yes ☐ No

2) What percentage of the presentation was effective in teaching you something new?
☐ 90% ☐ 70% ☐ 50% ☐ 30% ☐ 10%

3) After attending this lecture, will you make any changes in your practice? ☐ Yes ☐ No
If yes, what specific changes will you make in your practice to improve patient care? _____

_____

_____

4) What specific barriers exist that will prevent you from making changes in your practice? _____

_____

5) CME presentations must be "free of commercial bias for or against any product." In this regard, how would you rate this presentation? ☐ Superior ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

EVALUATION OF THE PRESENTER

Grade the speaker's presentation in the five areas indicated. Please use the following grading scale:
1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = Unsatisfactory

Ability to Communicate	How Well Was Topic Covered?	Opportunity for Q&A Discussions	Objectivity, Balance & Scientific Rigor	Relevance to Your Practice
Presentation addressed gaps in changing: ☐ Competence		☐ Performance		☐ Patient Outcomes