

# SVU-CME Attendee Program Evaluation

Program Title \_\_\_\_\_

Program Date \_\_\_\_\_ SVU File Number \_\_\_\_\_

You must evaluate this program in order to receive SVU-CME credit hours. Your comments are part of the accreditation process. They will be summarized by the Program Director. Your honest and specific comments will be helpful in improving future programs.

Please complete at the conclusion of the program.

1. How did you find the program?  Excellent  Satisfactory  Unsatisfactory
2. Did you have adequate time to receive answers to your questions?  Yes  No
3. What portions of the program were particularly useful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did the program meet the stated objectives?  Yes  No
5. Please comment on any portions of the program you found not pertinent or unsatisfactory.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What subject matter not presented should be included in future programs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Any additional comments? \_\_\_\_\_  
\_\_\_\_\_
8.  RVT  RVS  RDCS  RDMS  RT  RN  MD  RPVI  PA  BA/BS  MA/MS  
 Other (list) \_\_\_\_\_

Do not send this form to SVU. Return it to the Program Director.