

# SVU-CME Review Committee Evaluation Form

Program Title \_\_\_\_\_ SVU File # \_\_\_\_\_

Program Date \_\_\_\_\_ Ongoing \_\_\_\_\_ One Time \_\_\_\_\_

Number of Hours Eligible for CMEs (Evaluator Must Calculate): \_\_\_\_\_ CMEs requested: \_\_\_\_\_

Program Meets Category Requirements (Evaluator Must Check): \_\_\_\_\_

Criteria	TMP	Score	Comments
Planning and/or implementation includes at least one RVT	5		
<b>Purpose:</b> Consistent with the objectives of SVU	5		
<b>Objectives:</b>			
Relevant to the field of vascular technology	5		
Attainable in the time allocated	5		
<b>Content:</b>			
Directly related to each objective	5		
Put together in a logical sequence	5		
Reflects bodies of knowledge inherent/supportive to the field of vascular technology and/or augments theory, knowledge/practice of vascular technology	5		
Appropriate time allocated	5		
<b>Resources:</b>			
Faculty qualified to teach	5		
Total (Minimum for approval)	30		

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Return this form SVU, 4601 Presidents Drive, Suite 260, Lanham, MD 20706-4831; email [svuinfo@svunet.org](mailto:svuinfo@svunet.org); fax: 301-459-5651.