

**AMERICAN COLLEGE OF SURGEONS
DIVISION OF EDUCATION
CME JOINT SPONSORSHIP PROGRAM
EVALUATION FORM**

42nd Pancreas Club Meeting

May 18, 2008 San Diego, CA

**IN ORDER TO RECEIVE A CME CERTIFICATE, PLEASE BRING THIS COMPLETED FORM
TO REGISTRATION DESK BEFORE YOU LEAVE THE MEETING or FAX 505-983-5109.**

As a participant at this educational activity, I attended _ hours* of sessions. Max 6.5.

*1 hour = 1 category 1 CME credit

*Note: CME Certificates will be mailed within two weeks.

Please check the box if you are a member of the American College of Surgeons. Your MY CME Portal Page will be updated with the credits earned within 6 months of this meeting. ACS ID #

PLEASE PRINT NAME:

Instructions: Please circle the appropriate number for each question

	Strongly				Strongly
	Agree	Agree	Neutral	Disagree	
1. Program topics and content was consistent with printed objectives	5	4	3	2	1
2. Content was relevant to my educational needs	5	4	3	2	1
3. Discussion time was adequate and enhanced understanding of subject	5	4	3	2	1
4. Acquired knowledge will be applied in my practice environment	5	4	3	2	1
5. Supplemental written materials helped clarify course content	5	4	3	2	1
6. Room and facilities were appropriate for the course	5	4	3	2	1
7. I will seek additional information on this subject	5	4	3	2	1
8. Program was fair, objective, and unbiased toward any product or program	5	4	3	2	1
Please explain any specific instance(s) of bias or conflict of interest:					

	Very				
	Excellent	Good	Good	Fair	Poor
9. Overall, how would you rate this educational activity?	5	4	3	2	1

What topics would you like to see for the "How I do it session" at future meetings?

If the Pancreas Club held a meeting beginning Saturday afternoon and continuing through Sunday (followed by the annual dinner on Sunday evening), would you attend both days? ___Yes ___ No

Additional Comments:
