## **Howard University College of Medicine Office of Continuing Medical Education**

## CME FACULTY/SPEAKER'S EVALUATION FORM

Please complete the information requested on this form and return to the Office of Continuing Medical Education or the presenting department/organization within the next five days.

| 1. Adequate notice from the office/department requesting your participation?  2. Adequate support from the office/department during preparation for lecture, workshop, etc.?  3. Adequate choice in topic?  4. Adequate audiovisual support?  5. Adequate meeting room accommodations?  6. Desire to participate again?  a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved: | Program Title  | Date   |    |
|---|--|--------|----|
| 2. Adequate support from the office/department during preparation for lecture, workshop, etc.?  3. Adequate choice in topic?  4. Adequate audiovisual support?  5. Adequate meeting room accommodations?  6. Desire to participate again?  a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:   |  | Yes    | No |
| 3. Adequate choice in topic?  4. Adequate audiovisual support?  5. Adequate meeting room accommodations?  6. Desire to participate again?  a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:   | 1. Adequate notice from the office/department requesting your participation?             |        | _  |
| 4. Adequate audiovisual support?  5. Adequate meeting room accommodations?  6. Desire to participate again?  a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:   | 2. Adequate support from the office/department during preparation for lecture, workshop, | etc.?  | _  |
| 5. Adequate meeting room accommodations?  6. Desire to participate again?  a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:   | 3. Adequate choice in topic?   |        |    |
| 6. Desire to participate again?  a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:   | 4. Adequate audiovisual support?   |        |    |
| a. Preferred topic  b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:  | 5. Adequate meeting room accommodations?   |        |    |
| b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discussion  7. Suggestions on how the activity can be improved:  | 6. Desire to participate again?  |        |    |
| 7. Suggestions on how the activity can be improved:   | a. Preferred topic   |        |    |
|   | b. I prefer ( ) Workshop ( ) Lecture ( ) Panel ( ) Small-group Discu                     | ission |    |
|   | 7. Suggestions on how the activity can be improved:                                      |        |    |
|   |  |        |    |
|   |  |        |    |
|   |  |        |    |
|   |  |        |    |
| 8. Other suggestions for topics (by others):  | 8. Other suggestions for topics (by others):   |        |    |
|   |  |        |    |

| Name |  |
|------|--|
|      |  |

Phone: 202-806-5621/22 Fax: