

**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.

Program Title _____ **Date** _____

	Yes	No
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:

8. Other suggestions for topics (by others):

Name _____

Phone: 202-806-5621/22

Fax: