

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

**EVALUATION FORM
The Triological Society 113th Annual Meeting
April 30 - May 1, 2010/Las Vegas, Nevada**

IN ORDER TO RECEIVE A CME CERTIFICATE, PLEASE BRING THIS COMPLETED FORM TO THE TRIOLOGICAL DESK

As a participant at this educational activity, I attended _____ hours* (10.5 maximum) of sessions.

***1 hour = 1 AMA PRA Category 1 credit™**

Please check the box if you are a member of the American College of Surgeons. Your MYCME ACS Portal Page will be updated with the credits earned within 3 months of this meeting.

PLEASE PRINT

NAME _____ email _____

Instructions:

◆ **Please circle the appropriate number for each question**

	Excellent	Very Good	Good	Fair	Poor
1. Overall, how would you rate this educational activity?	5	4	3	2	1
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Program topics and content met the stated objectives.	5	4	3	2	1
3. Content was relevant to my educational needs.	5	4	3	2	1
4. Educational format was conducive to learning.	5	4	3	2	1
5. Acquired knowledge will be applied in my practice environment	5	4	3	2	1
6. I will seek additional information on this subject	5	4	3	2	1
7. 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:

8. List a minimum of two things you are going to change in your practice as a result of what you have learned at this activity.

9. Describe the barriers anticipated when implementing the above changes:

10. Do you have any suggestions for future topics to support and/or expand on what you have learned at this activity?

COMPLETE BOTH SIDES

11. What "hot topics" and/or panel presentations would you like to see at future meetings?

12. Did you visit the poster area? Yes No
Did you attend the "Meet the Authors" poster reception? Yes No
Was this of benefit to you and why/why not? Yes No

Suggestions or comments: _____

- | | | | | | |
|--|------------------|------------------|-------------|-------------|-------------|
| | Excellent | Very Good | Good | Fair | Poor |
| | 5 | 4 | 3 | 2 | 1 |
13. How would you rate the Audiovisual Services?

- | | | | | | |
|--|------------------|------------------|-------------|-------------|-------------|
| | Excellent | Very Good | Good | Fair | Poor |
| | 5 | 4 | 3 | 2 | 1 |
14. If you stayed at Paris/Bally's, how would you rate the hotel?

15. If you did not stay at Paris/Bally's, we would appreciate your reasons for not staying at the hotel.

16. Would you attend a future meeting in Las Vegas? Yes No

Additional Comments

PLEASE COMPLETE THE FOLLOWING INFORMATION – PLEASE PRINT:

Address

City

State

Zip

Date: _____

The Society Administrative Office maintains official records of attendance based on receipt of this certificate. If you are an ACS Fellow, the American College of Surgeons will record your CME credits on your **MY CME Portal Page**.

Requests for Certificates may be made by sending a self-addressed stamped envelope to the address below:

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