Society of Diagnostic Medical Sonography

SDMS-Approved CME Activity

Evaluation Form

Use this form to evaluate this SDMS-approved continuing medical education (CME) activity. Questions or concerns about the CME activity should be directed to the CME activity sponsor.

CME Activity Sponsor: _____

CME Activity Title: _____

Date of CME Activity: _____

Location *(if applicable)*: _____

Were the CME activity objectives clearly defined?		☐ Yes	☐ No			
Were the CME activity objectives met?		☐ Yes	☐ No			
Did the CME activity meet your needs/expectations?		☐ Yes	☐ No			
The overall quality of this CME activity was:		☐ Excellent	☐ Good	☐ Fair	☐ Poor	
The quality of audiovisuals in this CME activity was:		☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ N/A
Please rate the speakers	1. _____	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ N/A
write name(s) if necessary	2. _____	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ N/A
	3. _____	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ N/A
	4. _____	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ N/A

Comments:

Was the content presented useful/relevant to you?	☐ Yes	☐ No			
Rate the facilities/room used for this CME activity:	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ N/A
Would you recommend this CME activity to	☐ Yes	☐ No			

What did you like best about this program?

What did you like least about this program?

What content areas/topics or speakers would you suggest for future CME activities?

Return this evaluation form to:

Centraloffice@NCUS.org