



Course Title: _____ Date: _____ CME Hours Attended: _____

Name (Required): _____ Specialty: _____

Mailing Address: _____ Job Title: _____

Phone: _____

City/Zip _____ Fax: _____

E-mail: _____

CMS Member: Yes No

Instructions: For each statement, circle the appropriate number to indicate your response:

Pre-Survey Competence Evaluation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The professional practice gap (educational needs) identified for this activity matches my current professional needs.	5	4	3	2	1
2. This CME activity promotes practical changes or strategies that will enhance my professional practice and competence.	5	4	3	2	1
3. This activity addresses areas of content that are relevant and have a direct impact on my professional practice or competence.	5	4	3	2	1
4. It is clear to me what the desired learning outcomes (educational /objectives) are for this activity.	5	4	3	2	1
At the conclusion of this activity, participants should be able to:					
5. Based on the stated desired learning outcomes (ideal competence) designed for this activity, my professional practice is in need of improvement(s).	5	4	3	2	1

Signature (Required): _____