**CME Evaluation: Lecture-Learner Programs**

**Sections 1-3 to be completed by CME chair.**

**Section 4 to be completed by each participant.**

**1) Program Information**

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of presentation: 1 hour

**2) Grantor Information**

Name of corporation: Pennsylvania Dermatology Physician Assistants

**3) Speaker Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4a) Objectivity (NOTE: If NOT industry sponsored, please skip section 4a and indicate here by circling N/A and proceed to section 4b**

Yes No

Are you aware of drugs/ products related

to topic that are produced by the grantor? 5 4 3 2 1

Did speaker present a balanced view

of therapeutic options? 5 4 3 2 1

Did you detect bias in favor of the products

produced by the grantor? 5 4 3 2 1

Were brand name(s) mentioned

during presentation? Yes No

If yes, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the speaker discuss unlabeled uses of

any products? Yes No

If so, was it disclosed that they were

unlabeled uses? Yes No

Were relationships between grantor and

speaker (e.g., payment of honorarium)

announced prior to presentation? Yes No

**4b) Objectivity**

Please rate the following: Outstanding Poor

1. Program content. 5 4 3 2 1
2. Relevancy of content to your practice. 5 4 3 2 1
3. Were explicit learning objectives stated? 5 4 3 2 1
4. Were learning objectives met? 5 4 3 2 1
5. Please rate the program overall. 5 4 3 2 1
6. As a result of this program, will you alter your practice? Yes No Maybe

**Comments:**