

**NASSAU UNIVERSITY MEDICAL CENTER (Form Ic)**  
(or sponsoring organization: \_\_\_\_\_)

**CME PROGRAM FACULTY EVALUATION**

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTIONS:** Please complete this evaluation form by circling the appropriate number corresponding to each item:

1=Unsatisfactory    2=Acceptable    3=Satisfactory    4=Good    5=Very Satisfactory

- |    |                                                                                                                          |   |   |   |   |   |
|----|--------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. | Please rate the overall educational success of the program.                                                              | 1 | 2 | 3 | 4 | 5 |
| 2. | Please rate the facilities                                                                                               | 1 | 2 | 3 | 4 | 5 |
| 3. | What do you feel was the participant's perception of your presentation?                                                  | 1 | 2 | 3 | 4 | 5 |
| 4. | Please comment on any changes in either the program or the facilities that you would like to see _____<br>_____<br>_____ |   |   |   |   |   |
| 5. | If invited back, would you present again at this symposium? _____                                                        |   |   |   |   |   |

**NAME** \_\_\_\_\_