



Continuing Education Registration and Evaluation Form

Date: _____

Which CME activity did you view?

- Multi-D Oncology Conference
 Child Health Grand Rounds
 Cardiovascular Med. Grnd Rnds
 Internal Medicine Grand Rounds
 Psychiatry Grand Rounds
 Orthopaedic Surgery Grnd Rnds
 Other: _____

Topic for CME activity: _____

Telehealth Site:

- Kirksville-ATSU Gutensohn Clinic
 West Plains-Ozark Med Center
 Anderson-Access Family Care
 Kirksville - NEMO Health Council
 Milan-Sullivan Co. Memorial Hosp.
 Nevada-Nevada Reg. Med. Center
 Other: _____

Name: _____

Address: _____

E-mail: _____

Discipline:

- MD
 RN
 Physician Assistant
 Pharmacy
 DO
 LPN
 OT/PT/Speech Therapist
 EMT/Paramedic
 Other: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This program met my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned/verified information important in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This information is likely to have an impact on my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Telehealth system was very effective in viewing this activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

To assist us in planning future programs, please suggest topics or share other ideas for sessions that would meet your needs.

Return via fax to: Karla Imhoff - 573-882-5666