



**ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA**

**CME Activity Evaluation**

**18th International Meeting (Australia/New Zealand)**

**February 15-18, 2015**

**1- To what extent do you feel this activity has improved your competence (skill, abilities) in each of the following areas?**

**A Learning Objective A:** Analyze and Evaluate Recent Updates.

- To a great extent    To some extent    To a little extent    Not at all

**B Learning Objective B:** Apply Recent Updates to Clinical Practice.

- To a great extent    To some extent    To a little extent    Not at all

**C Learning Objective C:** Generate Interest in the Clinical Outcomes.

- To a great extent    To some extent    To a little extent    Not at all

**2- How well did this educational activity meet your educational needs?**

- Exceeded my needs  
 Met most of my needs  
 Met some of my needs  
 Did not meet my needs

**3- What is the likelihood that you will make changes in your practice as a result of what you learned in this activity?**

- Very likely  
 Somewhat likely  
 Somewhat unlikely  
 Very unlikely

**4- Name one thing that you plan to change in your practice or patient care as a result of what you learned in this activity?**

**5- Did you feel the educational content contained any inappropriate promotion of the commercial product, device or Services? (If yes please explain)**

- No  
 Yes - Please explain.

**6-Selection of overall topics selected for presentation were:**

Poor  Fair  Average  Good  Excellent

**7- What educational gaps have you identified in your own professional practice that you would like to see addressed at the future APPNA CME activities?**

**8- Please identify if any changes are required to improve its ability to meet the CME Mission?**

**9- The committee values your opinion. What topics would you like to have presented at the future APPNA CME activities?**

**10- Any Speaker would you like to be invited in the future APPNA CME activities?**

I \_\_\_\_\_ verify that I have attended this CME Activity and claim \_\_\_\_\_ credit hours (*Maximum 6.0 AMA PRA Category 1 Credit(s)<sup>TM</sup>*).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education through the direct sponsorship of APPNA. APPNA is accredited by the Accreditation Council for Continuing Medical Education to present continuing medical education programs for physicians. APPNA designates this program for **6.0 credits in Category 1 of the Physicians Recognition Award of the American Medical Association**. Each physician should claim only credit for time actually spent in the educational activity.