Northern Light
Eastern Maine Medical Center

CME LEARNER EVALUATION

Title: _____

Presenter: _____

Date: _____/_____/_____

Objectives:

i. _____

ii. _____

iii. _____

1. **As a result of this event, list one or two things that you plan to change in your practice:**

   i. _____

   ii. _____

2. **I think the objectives are relevant to this educational activity. (Circle One)**

☐1 ☐2 ☐3 ☐4

Strongly Disagree Strongly Agree

3. **Do you feel that this activity was compromised by commercial/vendor support or personal bias?**

☐ Yes ☐ No

If yes, please comment: _____

4. **Considering your profession, what learning needs would you like addressed in a future educational activity? Why?**

_____

_____

Signature (Optional): _____

CME Accreditation Statement:

Northern Light Eastern Maine Medical Center designates this educational activity for a maximum of 0.0 *AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

Northern Light Eastern Maine Medical Center is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education to practicing physicians.