**Title of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENPDC Activity ID#: 2021-\_\_\_\_\_\_\_\_\_\_\_\_ -ENPDC Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Discipline (pick one): RN: \_\_\_ MD: \_\_\_ Pharmacist: \_\_\_ Clinical Support: \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rate the statements below using the following scale: 1 (poor) 2 (fair) 3 (neutral) 4 (good) 5 (excellent)**

|  |  |
| --- | --- |
| How would you rate Presenter 1? (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 2 3 4 5 |
| How would you rate Presenter 2? (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 2 3 4 5 |
| How would you rate Presenter 3? (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 2 3 4 5 |
| This activity met my educational goals. | 1 2 3 4 5 |
| The overall organization/quality of the activity was: | 1 2 3 4 5 |
| I found the activity to be free of commercial bias. | 1 2 3 4 5 |

**Other questions:**

* **What did you learn that you will apply to your professional practice?**
* **Please list other educational offerings you would like to have provided**?
* **How did you learn about this activity/conference? Please check all that apply**:

Past Participant Brochure Other Professional Meeting E-Blast Internal Posting Colleague

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Additional Comments :**