

Continuing Medical Education Attendance Card and Evaluation Form
Bridgeport Hospital, Bridgeport, CT 06610

For CME Category I credit, complete this evaluation.

CONFERENCE TITLE: _____ DATE: _____

	YES	NO	UNSURE	NOT APPLICABLE
Did the session meet the stated learning objectives?				
This session provided new/evidence based information.				
I will implement information learned at this session into my patient care (clinical practice).				
<i>Do you feel that there was a conflict of interest or commercial bias in this presentation?</i>				

	EXCELLENT	AVERAGE	POOR	NOT APPLICABLE
How would you rate the overall quality of this session?				
Please rate the quality of teaching of the faculty below. Name(s): 1) 2) 3)				

Comments: _____

Suggestions for future topics:

I attest that I have attended this education program.

Name _____
Print Name Signature

Email (optional for CME Certificate) _____