

CONTINUING EDUCATION ATTENDANCE FORM

This form is provided to you as the mechanism to request CE credit as well as prove attendance. For CE credit, you are required to fill out this form as completely as possible.

We are committed to providing you with relevant, evidence based continuing education courses, seminars and workshops; so we welcome your comments and encourage your critiques. Thank you! This survey is confidential.

This form has 2 sides, both required for credit

What is your name? (last, first – please PRINT)

What course did you participate in (# or Title)?

*If you rate any item a 3 or less
Please comment why on the back*

Did this course fulfill stated **learning objectives**?

1 2 3 4 5 6
Not at All *Fully*

Did this course fulfill the **personal objectives** you had upon registration for this course??

1 2 3 4 5 6
Not at All *Fully*

Please rate the **objectivity of thought** in this course.

1 2 3 4 5 6
Opinion based *Science based*

Please rate the **quality of science** in this course.

1 2 3 4 5 6
Poor *Exceptional*

Did this course increase your **understanding of** and/or skill in the practice of Dentistry?

1 2 3 4 5 6
Not at all *In Many Ways*

Please rate the **time allotted** to this course.

3 5 1
Insufficient Sufficient Way too much

Do you feel that this course has helped you in your mastery of the presented subject?

1 2 3 4 5 6
Not at all In Many Ways

What aspects of this course needed further development? or, What aspect of this course would you enjoy given as a stand-alone presentation?

Additional comments regarding
this presentation
that you would like to give the
Academy's Executive Board or to the Instructor
