



Continuing Education
Registration and Evaluation Form

Date _____

Which CME activity did you view?

- Multi-D Oncology Conference
- Internal Medicine Grand Rounds
- Other: _____
- Child Health Grand Rounds
- Psychiatry Grand Rounds

Topic for CME activity: _____

Telehealth Site:

- Kirksville-ATSU Gutensohn Clinic
- Kirksville-NEMO Health Council
- Mt. Vernon-MRC
- Other: _____
- West Plains-Ozark Med Ctr
- Milan-Sullivan Co. Memorial Hosp
- Jeff City-Cap. Reg.
- Anderson-Ozark Tri Cnty Hlth Care
- Nevada-Nevada Reg Med Ctr

Name: _____

Address:

Email: _____

Discipline:

- MD
- DO
- Other: _____
- RN
- LPN
- Physician Assistant
- EMT/Paramedic
- Pharmacy
- OT/PT/Speech Therapist

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This program met my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned/verified information important in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This information is likely to have an impact on my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Telehealth system was very effective in viewing this activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

To assist us in planning future programs, please suggest topics or share other ideas for sessions that would meet your needs.

Return via fax to: Karla Imhoff - 573-882-5666