Continuing Education Evaluation Form

COURSE TITLE:	DATE:	INSTRUCTOR:			
LOCATION:	PROVIDER: Nantucket Dental Society				
AGD SUBJECT CODE:					
COURSE TYPE:					
WHICH BEST DESCRIBES YOU:	AGD DENTIST	Non-AGD Dentist	Hygienist		
Other:	Dental Assistant	Office Staff	Master		

NANTUCKET DENTAL SOCIETY

In an effort to provide you with interesting and up-to-date information within all scopes of clinical dentistry and dental science, your feedback is needed. Below is a short evaluation form for you to complete. Please circle your response to each of the following based on the above course and lecturer.





Meeting site was adequate in size, comfortable and convenient	1	2	3	4	5
Course administration was efficient & friendly		2	3	4	5
Course objectives were consistent with those advertised		2	3	4	5
Course material was up-to-date, well-organized and presented in depth		2	3	4	5
Instructor demonstrated a comprehensive knowledge of the subject at hand		2	3	4	5
Instructors spoke clearly and distinctly	1	2	3	4	5
Instructors encouraged questions and participation		2	3	4	5
Audio-visual materials were relevant and of high quality		2	3	4	5
Handout materials enhanced course content		2	3	4	5
I learned something new that was important		2	3	4	5
I plan to discuss this information with colleagues	1	2	3	4	5
I plan to seek more information on this topic	1	2	3	4	5
My attitude about this topic changed in some way		2	3	4	5
This information is likely to impact my practice	1	2	3	4	5
I understood what the lecturer was trying to say	1	2	3	4	5
I was able to interpret the tables/figures (if applicable)	1	2	3	4	5
The presentation of the topic enhanced my ability to understand it more	1	2	3	4	5
OVERALL, I WOULD RATE THIS COURSE:		2	3	4	5
OVERALL, I WOULD RATE THE INSTRUCTOR:	1	2	3	4	5
Additional comment and/or feedback:					

CCEPR COMMISSION FOR CONTINUING EDUCATION PROVIDER RECOGNITION

What changes, if any, do you plan to make in your practice as a result of this course?