

CTAAP & DPF 2012 Teleconference Series

Recognition of the Physically Abused Infant in the Primary Care Office Tuesday, November 27th, 2012

Evaluation Form

Name: _____

Requesting CME _____ Requesting CEU _____

If requesting CME, please indicate payment method: On-line (Credit Card/PayPal) Check

MD _____ PA _____ APRN _____ RN _____ LPN _____ Other _____

Practice/Organization: _____

Mailing Address: _____

Check the box that most accurately expresses your response to the statements.

	<i>Strongly Agree 1</i>	<i>Agree 2</i>	<i>Uncertain/ No opinion 3</i>	<i>Disagree 4</i>	<i>Strongly Disagree 5</i>
The teleconference kept my interest.					
The speakers knew their subject.					
The quality of the presentation was good.					
The organization of the presentation was good.					
The PowerPoint materials were good.					

Suggestions for improvement: _____

Suggestions for future topics: _____

Please return this form to Yvette Moretti at [Yvette.ctaap@gmail](mailto:Yvette.ctaap@gmail.com) or fax it to 860-727-9863 by December 3rd, 2012.