

CT-DPH and CTAAP 2009 Teleconference Series

Evaluation Form *Breastfeeding in Low Income Women* Thursday, June 11th, 2009

An evaluation form must be completed by each individual requesting CME credits.

Name: _____

If requesting CME credit or Continuing Education Credit, your degree:

MD/DO _____ APRN _____ PA _____ RN _____ Other _____

Practice/Organization: _____

Mailing Address: _____

Enter the number 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:

Questions: e-mail tracey.ctaap@gmail.com or telephone 860-977-3430.

Please complete this form and e-mail it to tracey.ctaap@gmail.com or fax it to Tracey McDougall, CTAAP at 860-727-9863 by June 18th.