

2014 Webinar/Teleconference Series

Continuing Medical Education Program



Connecticut Chapter of the American Academy of Pediatrics

Vaccine News & Previews

Donna Weaver



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EVALUATION FORM – 2 pages

Name _____

MD ____ PA ____ APRN ____ RN ____ LPN ____ Other ____

Requesting CME _____ Requesting CEU _____

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

Practice/Organization _____

Mailing Address _____

	Strongly Agree	Agree	Disagree	Strongly Disagree
CONTENT				
• Was organized and easy to follow				
• Met the objective(s)				
TRAINER				
• Knows and understands the topic				
• Was well organized and prepared				
• Was clear and easy to follow				
RELEVANCE – as a result of this training...				
• I gained factual information				
• I gained a better understanding of the topic				
• I have developed more skills and competencies				

Suggestions for Improvements:

Suggestions for Future Topics:

Return by Fax to 860-727-9863 or by Email to Kathyryn.ctaap@gmail.com

Required for Physicians, PAs, APRNs Requesting CMEs

Please Rate the Following Statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. This was a quality CME activity and met the following objectives:				
• Describe immunization coverage rates for children and teens;				
• Understand the most recent updated ACIP recommended vaccine schedules including the MMR schedule;				
• Comprehend the newest reports on measles vaccine rates and outbreaks;				
• Understand new ACIP recommendations on seasonal influenza, vaccine selection and vaccine schedules;				
• State the guidelines for high-risk and egg allergic patients;				
• Communicate Hib and pneumococcal vaccine recommendations;				
• Recall immunization resources;				
• Recognize proper vaccine storage and handling.				
2. This CME activity will favorably influence my ability to practice medicine as a leader, teacher or researcher.				
3. The program clearly indicated whether or not this CME activity received commercial support.				
4. I observed no overall commercial bias in this educational session.				
5. I would definitely recommend this CME activity to my colleagues.				

A. Please provide comments in support of your ratings, including the name of any speaker you believe revealed commercial bias.

B. Did the CME program communicate any conflict of interest or lack thereof?

- Yes (If 'yes' please proceed to question C below) No I do not recall

C. If you answered 'Yes' to above question, how was the conflict of interest communicated?

- Promotional material PPT slides Introductory Remarks
 Handouts I do not recall Other (please specify)