## **2015 Current Vaccine Update**

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## **EVALUATION FORM – 2 pages**

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						
<ul> <li>Was organized and easy to follow</li> </ul>						
<ul> <li>Met the objective(s)</li> </ul>						
TRAINER						
<ul> <li>Knows and understands the topic</li> </ul>						
<ul> <li>Was well organized and prepared</li> </ul>						
<ul> <li>Was clear and eas</li> </ul>	y to follow					
RELEVANCE – as a result of this training						
I gained factual information						
I gained a better understanding of the topic						
<ul> <li>I have developed n competencies</li> </ul>	more skills and					

**Suggestions for Improvements:** 

Name

**Suggestions for Future Topics:** 

## Required for Physicians, PAs, APRNs Requesting CMEs

## Please Rate the Following Statements:

	Strongly Agree	Agree	Disagree	Strongly Disagre
1. This was a quality CME activity and met the following objectives:				
Understand current ACIP recommendations to address on- going vaccine issues				
<ul> <li>Describe this year's flu vaccine distribution for Connecticut and in the U.S.</li> </ul>				
Detail influenza vaccine coverage levels for Connecticut children 6 months through 17 years of age				
Determine which flu formulations are available for children in Connecticut				
Determine whether Connecticut's vaccine wastage falls within CDC guidelines				
This CME activity will favorably influence my ability to practice medicine as a leader, teacher or researcher.				
The program clearly indicated whether or not this CME activity received commercial support.				
I observed no overall commercial bias in this educational session.				
I would definitely recommend this CME activity to my colleagues.				
A. Please provide comments in support of your ratings, including revealed commercial bias.	g the name o	of any spe	eaker you be	elieve
B. Did the CME program communicate any conflict of interest or	lack thereo	f?		
☐ Yes (If 'yes' please proceed to question C below) ☐N	lo [	□ I do no	t recall	

□ Promotional material

□ Handouts

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

□ PPT slides

□ I do not recall

□ Introductory Remarks

□ Other (please specify)