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| ***Medical Physics Continuing Education***  **PROGRAM EVALUATION**  **Please email this form to:** [**sbunsee@petroneassoc.com**](mailto:sbunsee@petroneassoc.com) |

**SPEAKER: Jon J. Kruse, Ph.D.**

**Title: A Cliff’s Notes Version of Proton Therapy**

**DATE: September 13, 2016**

**LOCATION: Memorial Sloan-Kettering Cancer Center,**

**ZRC-105 E 68th Street, NY, NY 10065**

**ATTENDEE INFORMATION:**

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| **E-mail (Required!)** | **FIRST NAME (Required!)** | **LAST NAME (Required!)** |
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**ADDRESS (optional):**

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| **Institution** | **Street Address** | **City, State, Zip** |
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| **MEMBER: AAPM ACMP ACR COMP** | **AAPM** | **ACMP** | **ACR** | **COMP** | **CERTIFIED:** | **ABR** | **ABMP** | **CCMP** |
| **(Check)** |  |  |  |  | **(Check)** |  |  |  |

**. . . . . . . . . . . . . . . . . . . . . . . .** Separate on dotted line. **. . . . . . . . . . . . . . . . . . . . . .**

**EVALUATION: *Please input a score between 0 and 5 where 0 is the poorest and 5 is the most excellent.***

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| **Program Content:** |  |
| **Learning Objectives Clearly Presented:** |  |
| **Faculty Knowledge:** |  |
| **Quality and Level of Presentations:** |  |
| **Handouts:** |  |
| **Meeting Room and Facilities:** |  |
| **Audiovisuals :** |  |
| Followed Schedule: |  |

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| **Comments:** |  |

**In order to receive MPCEC credits, the top part of this form must be completed and returned to Samantha Bunsee (**[**Sbunsee@petroneassoc.com**](mailto:Sbunsee@petroneassoc.com)**) who will submit the form to Rendi Sheu for CAMPEP submission. To maintain anonymity, use a second form for the program evaluation.**