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| ***Medical Physics Continuing Education***  **PROGRAM EVALUATION**  **Please email this form to:** [**campep.rampsnyc@gmail.com**](mailto:campep.rampsnyc@gmail.com?subject=RAMPS%20Seminar%20Evaluation%20Form) |

**SPEAKER: Matthew Williamson, MPH.**

**Title: Medical Events: Errers and Misteaks**

**DATE: January 28, 2014**

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

**Zuckerman Auditorium, 417 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 the Program Director who will submit the form to CAMPEP. To maintain anonymity, use a second form for the program evaluation.**