

Evaluation Form

Course Sponsor: Smith Seminars

Course Title: Cystic Fibrosis

Part 1: Teaching Effectiveness of the Presenter(s)

Please rate the teaching effectiveness of the presenters using the scale below:

1 = Poor 2 = Fair 3 = Good 4 = Excellent 5 = Superior

Presenters (in program order)	Teaching Effectiveness			
	Organization	Delivery	Content	Audio Visual
Coarse Overview Debra Smith, RRT, RCP				
Cystic Fibrosis Debra Smith, RRT, RCP				

Part 2: Your Achievement of Educational Objectives

Please rate the degree to which you believe you achieved the educational objectives for each module by placing a check mark in the appropriate box corresponding to each:

Objectives for each module	I achieved this activity's educational objectives			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Cystic Fibrosis 1. Define and identify Cystic Fibrosis 2. Lists pathogenesis and pathophysiology of Cystic Fibrosis 3. List symptoms, signs and complications of Cystic Fibrosis 4. Diagnosis and testing process for Cystic Fibrosis 5. Clinical Monitoring of Cystic Fibrosis 6. Current treatment for Cystic Fibrosis 7. Current research programs for Cystic Fibrosis				

Part 3: Program Integrity

Indicate your agreement with the following statement by checking the appropriate response:

The content of this course was presented without bias of any commercial product or drug

Strongly Agree _____ **Agree** _____ **Disagree** _____ **Strongly Disagree** _____

Comment:

Print the Evaluation Form, answer the questions, and fill out personal information.

Submission Method #1 – Fax to us at 972-759-9791

Submission Method #2 - Smith Seminars, PO Box 516, Paradise, TX 76073

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Fax Number: _____

Email Address: _____

Order Confirmation Number: _____

AARC member number _____

Licensure State _____