

MEDICAL PHYSICS CONTINUING EDUCATION PROGRAM EVALUATION

PROGRAM: MRV Spring 2021 Meeting DATES: 4/10/2021

LOCATION: Virtual

ATTENDEE INFORMATION: *Please print. Include degree if to be included on certificate.*

NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

MEMBER: _____ CERTIFIED: _____
 ___AAPM ___ACMP ___ACR ___COMP ___ABR ___ABMP ___CCPM
 Separate on dotted line

EVALUATION: *Please circle appropriate response.*

	<i>POOR</i>						<i>EXCELLENT</i>
Program Content	0	1	2	3	4	5	
Learning Objectives Clearly Presented	0	1	2	3	4	5	
Faculty Knowledge	0	1	2	3	4	5	
Quality and Level of Presentations	0	1	2	3	4	5	
Handouts	0	1	2	3	4	5	
Meeting Room and Facilities	0	1	2	3	4	5	
Audiovisuals	0	1	2	3	4	5	
Followed Schedule	0	1	2	3	4	5	

Comments: _____

In order to receive MPCEC credits, the top part of this form must be completed and returned to the Program Director. To maintain anonymity, separate the top and bottom form parts at the dotted line or use a second form for the program evaluation.