

CME REGISTRATION AND EVALUATION FORM ADVANCED HCC

CME Registration

(Please print)

Name/Degree _____

Specialty _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail Address _____

Date _____

I certify that I have completed this CME activity as designed

I am claiming that I participated in _____ credit hours of this CME activity (maximum for this activity is 2 hours).

Signature _____ Date _____

Evaluation: Please evaluate the effectiveness of this CME activity on a scale of 1 to 5, with 1 being the **LOWEST**, and 5 being the **HIGHEST** by circling your choice.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Overall quality of this CME/CE activity | 1 | 2 | 3 | 4 | 5 |
| 2. Content | 1 | 2 | 3 | 4 | 5 |
| 3. Format | 1 | 2 | 3 | 4 | 5 |
| 4. Faculty/Speakers | 1 | 2 | 3 | 4 | 5 |
| 5. Achievement of educational objectives | 1 | 2 | 3 | 4 | 5 |

6. This CME activity provided a balanced, scientifically rigorous presentation of therapeutic options related to the topic, without commercial bias.

1 2 3 4 5

Comments _____

7. Please comment on the impact (if any) that this CME activity might have on your practice.

8. Additional comments and/or suggested topics for future CME activities?

To register for CME credit, please return this form to IMS, 14 Monarch Bay Plaza, #202, Monarch Beach, CA, 92629