**Title of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENPDC Activity ID#: 2021-\_\_\_\_\_\_\_\_\_\_\_\_ -ENPDC Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Disciplines:

RN: \_\_\_ MD: \_\_\_ Pharmacist: \_\_\_ Clinical Support: \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTALS on Ratings** | **1** | **2** | **3** | **4** | **5** |
| How would you rate Presenter 1?  |  |  |  |  |  |
| How would you rate Presenter 2?  |  |  |  |  |  |
| How would you rate Presenter 3?  |  |  |  |  |  |
| This activity met my educational goals. |  |  |  |  |  |
| The overall organization/quality of the activity was: |  |  |  |  |  |
| I found the activity to be free of commercial bias. |  |  |  |  |  |
| **Question** | **Top 5 Themes** |
| **Other educational offerings you would like to have provided** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **What did you learn that you will apply to your professional practice** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **How did you learn about this activity/conference?** | Past Participant |  |
| Brochure |  |
| Other Professional Meeting |  |
| E-Blast |  |
| Internal Posting |  |
| Colleague |  |
| Other (Top 5) |  |
| **Additional Comments** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |