

## **Greenlane Medical Specialists CME Feedback Form**

What is your ov	erall asse	essment of the ev	ent? Please ci	rcle. (1=insufficier	it, 5=excellent)
1	2	3	4	5	
•		of the workshop			useful?
Did the education	onal work	kshop achieve the	e programme (	objectives?	
□Yes		0			
If no, why?					
How would you	rate the	knowledge and i	_	ined from particip	ating at this eve
Met your expect	tations	☐ Yes	□ No	☐ Somehow	
Applicable in my	work	$\square$ Definitely	$\square$ Mostly	$\square$ Somehow	$\square$ Not at all
How do you thin	nk the CN	/IE could have be	en made more	effective?	
Please rate the	organizat	ion of the event.	Please circle.	(1=insufficient, 5=	excellent)
1	2	3	4	5	
Suggestions incl	uding act	tivities or initiativ	es you think v	vould be useful fo	r future CMEs
Additional com	ments				

## THANK YOU!

For further queries, please email the CME coordinator at <a href="mailto:cme@glms.co.nz">cme@glms.co.nz</a>