

form 6

Libyan Board of Medical Specialties

CME-Department

Evaluation of Activity by Provider



مجلس التخصصات الطبية
إدارة التعليم الطبي المستمر
نموذج تقييم النشاط بواسطة مقدم النشاط

Provider's name اسم مقدم النشاط:

Date التاريخ

Title of Program عنوان النشاط

Please use the following rating scale to assess this program at which you served as provider person:

- 1= Poor
- 2= Fair
- 3= satisfactory
- 4= Good
- 5= Excellent

The assessment item	Poor	Fair	Satisfy	Good	Excel
A. Organization					
1. Assistance from support staff					
2. Directions /Guidance from administrative staff.					
3. Correspondence/Communications					
B. Facilities					
1. Meeting room(s):					
2. Audiovisual equipment:					
3. Other equipment / chemicals etc. (if applicable					
C. Participants					
1- Attention:					
2. Enthusiasm:					
3. Involvement in discussion:					

D - Other comments.....

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Continuous Medical Education Department

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