

Sample Activity Evaluation

Please complete activity evaluation survey for the following activity:

Activity Title:

Presenter: Date:

ACPE UAN:

Contact Hours:

Please respond to the survey statements below using the following scale: 1=Strongly

Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

First Name

Last Name

NABP#

DOB (Month/Day)

Email

Please provide your role.

1. Pharmacist
2. Pharmacy Technician
3. Student

Achievement of stated learning objectives: (Pharmacists)

	1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
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Pharmacist objective #1	☐	☐	☐	☐	☐
Pharmacist objective #2	☐	☐	☐	☐	☐
Pharmacist objective #3	☐	☐	☐	☐	☐

Achievement of stated learning objectives: (Pharmacy Technician)

	1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Pharmacy Technician objective #1	☐	☐	☐	☐	☐
Pharmacy Technician objective #2	☐	☐	☐	☐	☐
Pharmacy Technician objective #3	☐	☐	☐	☐	☐

Please respond to the survey statements below

	1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
The topic was relevant to my practice	☐	☐	☐	☐	☐
This content can be applied to carrying out my patient care responsibilities	☐	☐	☐	☐	☐
The activity increased my knowledge/comprehension of this topic	☐	☐	☐	☐	☐
The activity met my educational needs	☐	☐	☐	☐	☐
The activity format was conducive to learning	☐	☐	☐	☐	☐
Presenter was knowledgeable of the subject matter	☐	☐	☐	☐	☐
Presenter was organized and effective in their presentation of the subject matter	☐	☐	☐	☐	☐
The learning assessment activity was appropriate and effective for gauging audience knowledge retention/understanding:	☐	☐	☐	☐	☐
The presenter provided feedback or rationale for the correct answers on the (Post-test/Case Studies/Practice Exercises) completed by the attendees during the presentation.	☐	☐	☐	☐	☐

The program was presented in a fair and unbiased manner. If not, please describe below.....

	1-Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree
Response	☐	☐	☐	☐	☐

Additional Comments

Sample Event Evaluation

Please tell us how you learned about the Pharmacy Education Conference?

- 1. Email Invitation
- 2. Organization Website
- 3. Fellow Colleague
- 4. Your Employer
- 5. Other

Event Organization: Please tell us how much you agree or disagree with the following statements regarding the Preceptor CE Event Organization. 1= Strongly disagree, 5=Strongly agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
The CE session time and date was convenient considering my work schedule.	☐	☐	☐	☐	☐
The CE session registration process was clearly communicated and easy to complete.	☐	☐	☐	☐	☐
The location of the CE session was clearly communicated within the conference literature.	☐	☐	☐	☐	☐
Participation and communication during the CE session was welcomed and encouraged.	☐	☐	☐	☐	☐

Session Topic: Please tell us how much you agree or disagree with the following statements regarding the CE Event Topics. 1= Strongly disagree, 5=Strongly agree.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The CE session topic were relevant and beneficial to my practice.	☐	☐	☐	☐	☐
The educational content was current.	☐	☐	☐	☐	☐

What topics would be of benefit to your professional development and practice improvement? Select all that apply.

- 1. Antibiotic Stewardship
- 2. Anticoagulation
- 3. Cancer
- 4. Cardiology
- 5. Career Development
- 6. Compounding
- 7. Consultant
- 8. Controlled Substances
- 9. Dementia
- 10. Depression
- 11. Diabetes
- 12. Entrepreneurial Approaches

13. Geriatrics/Aging
14. Hepatitis
15. HIV/AIDS
16. Human Trafficking
17. Immunizations
18. Law/Regulatory
19. Medication Non-Adherence
20. Medication Therapy Management
21. Mental Health
22. Motivational Interviewing
23. Non-Compliance
24. Obesity
25. Osteoporosis
26. Pain Management
27. Patient Safety
28. Pharmacy Administration
29. Substance Abuse
30. Teaching/Precepting
31. Telepharmacy
32. Veterinary Pharmacy
33. Other

Which length would you prefer for a live CE program? Select all that apply.

1. 1-2 hour programs
2. Half day
3. Full day
4. Multiple days
5. No preference

Which CE program format(s) are you interested in? Select all that apply.

1. Certificate Program
2. Live In-Person
3. Live Webinar
4. On-demand/Recorded Webinar
5. Other