**EVALUATION FORM**

|  |  |
| --- | --- |
| **Activity Title: Primary Care Advisory Meeting-Osteoporosis Update** | **Activity Date:** **November 5, 2020** |

 **1.** **How would you rate this educational activity overall?** (5 = excellent, 1 = poor, please check one)


**Comments if below a 3:**

**2. Do you feel the activity was scientifically sound and free of commercial bias or influence? If No, please explain why:**

 ****

 **3. Do you feel that the information presented was based on the best available evidence? If No, please explain why:**

 ****

 **4. Which of the following Accreditation Council for Graduate Education/Institute of Medicine core competency areas do you**

 **feel improved as a result of this activity? (Mark all that apply)**

 ****

 ****

 **5. Please identify how you will change your practice as a result of attending this activity** (select all that apply)

 ****

 ****

**8. Please rate the speaker and learning objectives**

|  |  |  |
| --- | --- | --- |
| **Speaker/Title** | **Learning Objectives Met** | **Speaker Rating** |
| **Dr. Jaimin Patel**1. The provider can identify how to diagnosis osteoporosis.
2. The provider understands how to manage osteoporosis
 |  |  |

**Please complete the section below to receive CME credit – Return to CME Office**

**I attest to having completed \_\_\_\_\_ hour(s) of CME credit related to this activity. (*Maximum 1 credit hour*)**

 ****

|  |  |  |
| --- | --- | --- |
| **Print Name Clearly** | **Signature** | **Print Clearly Email** |
|  |  |  |

**Please return the evaluation to the CME Department (**Kara.Melin@RSFH.com**)**

**RSFH CME Office**

**316 Calhoun Street, 2W**

**Charleston, SC 29401**

**Phone: 843-958-1267**

**Fax: 843-720-8409**