

## ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE & LSMCLE

Please complete and return to Provider *(please print)*

Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

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

Type of Activity:  MCLE  LSMCLE, please specify specialty area: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time of Activity: \_\_\_\_\_

Location of Activity (City, State/Country/Remote): \_\_\_\_\_

**Please indicate your evaluation of this course by completing the table below**

Question	Yes	No	Comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided with substantive written materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the course update or keep you informed of your legal responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the activity contain significant professional content?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

**Please rate the instructor(s) of the course below**

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	

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