



COLLEGE OF PHARMACIST OF MANITOBA

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PROGRAM EVALUATION

Name:	License Number:	Date:
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Email Address:	Practice Area:
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Program Title:

	Strongly Disagree		Neutral		Strongly Agree
	1	2	3	4	5
The program was relevant to my role as a healthcare provider.					
The depth of the program was at just the right level.					
The program met my expectations.					
The program met the stated learning objectives.					
The program met my individual learning needs.					
The program was well organized.					
I plan to use the information I learned in my future practice.					
I would recommend this program to my colleagues.					

	Poor	Fair	Good	Excellent
What is your overall evaluation of the speakers for this program?				

<i>Did you perceive commercial bias in any aspect of this program? If "yes", please explain:</i>	Yes	No

<i>What was the most valuable aspect of this program?</i>

<i>What was the least valuable aspect of this program?</i>
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<i>Describe at least one change you will make in your practice as a result of this program?</i>
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<i>General comments:</i>

Thank you for providing your comments!

Please return this evaluation to the College by e-mail: profdevelopment@cphm.ca in order to receive your learning certificate.