

University of California, San Diego

Skaggs School of Pharmacy and Pharmaceutical Sciences

Guidelines for Hosting a Pharmacy Continuing Education Course

SAMPLE PROGRAM EVALUATION FORM

Course Title: _____

Course Number: _____

Speaker: _____

Credit Hours: _____ hours

Date: _____

Course Expiration Date: _____

CAPE Provider ID# 209

Provider: UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences

	Needs Improvement	Satisfactory	Exceeded Expectations	Comments
Program addressed the stated objectives				
Presentation was accurate and without bias				
Quality of syllabus/supportive materials				
Presentation style (pace, volume, etc)				
Faculty responsiveness to questions				
Quality and convenience of facilities				
Quality of logistics (lighting, A-V equipment, etc.)				
Achievement of participants' personal objectives				
Understanding of material presented				
Overall satisfaction with the program				

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Additional Comments