American Society of Clinic Pathologist, Inc. 1922
CMLE/ISAC CE APPROVED PROGRAM
EVALUATION FORM

Sponsoring Organization: METROFLOW (NY/NJ Flow Cytometry Users Group)

Program Title: Annual Meeting

Program Date: October 27, 2021

A. Professional Category: **MT(ASCP)** **MLT(ASCP)** **CT(ASCP)**

HT/HTL(ASCP) **PBT(ASCP)** **Other _____**

B. Ratings: Use both sides of this form to evaluate the above-titled program ONLY. Return completed evaluation to Program Coordinator or as directed.

Using a 5 point scale (1 -poor, 2-inadequate, 3-adequate, 4-good, 5-excellent; NA-not applicable) rate the Following items for each speaker.

SPEAKER:	Speaker 1 Christopher Hall	Speaker 2 Rui Gardner
The speaker was knowledgeable, organized and effective during the presentation?		
The speaker was clear and focused on the stated objectives?		
The speaker's teaching methods and aids were appropriate and effectively used?		

OBJECTIVES	Yes	Partly	No	Do Not Know
Were the stated program objectives fulfilled?	( )	( )	( )	( )

Fill in the numbered circle to indicate your rating of this program.

PROGRAM CONTENT	Low or Poor				High or Excellent	No Answer Not Applicable
The program's content related to the program's objectives?	(1)	(2)	(3)	(4)	(5)	N/A
Rate of knowledge in this subject prior to this session.	(1)	(2)	(3)	(4)	(5)	N/A
Rate the contribution of this session to your overall knowledge of the subject.	(1)	(2)	(3)	(4)	(5)	N/A
Rate your overall degree of satisfaction with this program.	(1)	(2)	(3)	(4)	(5)	N/A