

**American Society of Clinician Pathologists, 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 26, 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 Alexis Perez Gonzalez	Speaker 2 Daniel Chiu
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						No Answer	
	Low or Poor					High or Excellent	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	