

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: November 14, 2024

- 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 either the front desk if present or if virtual, forms available online and email a copy to MetroflowCMLE@gmail.com

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:

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?

Speaker 1 Florian Mair	Speaker 2 Oliver Burton	Speaker 3 Rui Gardner	Speaker 4 Kelly Lundsten	Speaker 5 Paul D. Simonson	Speaker 6 Luis A. Mendez	Speaker 7 Mike Kissner	Speaker 8 Chris Wu Bob Bslderas

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