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

Spons	oring Organization: METRO	FLOW (N	IY/NJ Flo	ow Cyto	metry Users	Group)					
Progra	am Title: Annual Meeting										
Progra	am Date: October 26, 2023										
G · V		MT(ASCP)			MLT(ASCP)			CT(ASCP)			
		HT/HT	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 <a href="MetroflowCMLE@gmail.com">MetroflowCMLE@gmail.com</a>											
	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 Marlena Habal				Speaker7 Shuyu Yao					
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		1	Yes		Partly		No		Do Not Know		
Were the stated program objectives fulfilled?				)	( )	)	(	)	(	)	
Fill in	the numbered circle to indica	te your ra	ting of th	is progra	am.					No	
Ans								Applicable			
The program's content related to the program's of				ves. (1)	(2)	(3)	(4)	(5)		N/A	
Rate of knowledge in this subject prior to this s			session.	(1)	(2)	(3)	(4)	(5)	-	N/A	
Rate the contribution of this session to your ov knowledge of the subject.			verall	(1)	(2)	(3)	(4)	(5)	-	N/A	
Rate your overall degree of satisfaction with th				am. (1)	(2)	(3)	<b>(4)</b>	(5)		N/A	