



BASE STATION COURSE FOR STATE OF MARYLAND
EMERGENCY MEDICAL SERVICES PHYSICIANS AND STAFF

COURSE EVALUATION

Date of Course: _____ Location: _____

Please complete and return this evaluation form before you leave the course site.
The evaluation process is essential for compliance with ACEP requirements in order to maintain CME accreditation for the course.

Please refer to the following scale and circle the appropriate rating for each section below:

5 4 3 2 1
Excellent Good Average Below Average Poor

Presentation:

Relevance of Material	5	4	3	2	1
Length of Presentation	5	4	3	2	1
Detail of Material	5	4	3	2	1
Presentation Layout	5	4	3	2	1
Overall Presentation	5	4	3	2	1

Instructors:

Instructor #1 Name: _____

Understanding of Course Material	5	4	3	2	1
Interest in Course	5	4	3	2	1
Delivery of Course	5	4	3	2	1
Use of A/V and Other Materials	5	4	3	2	1
Covers Course Objectives	5	4	3	2	1
Overall Rating	5	4	3	2	1

Instructor #2 Name: _____

Understanding of Course Material	5	4	3	2	1
Interest in Course	5	4	3	2	1
Delivery of Course	5	4	3	2	1
Use of A/V and Other Material	5	4	3	2	1
Covers Course Objectives	5	4	3	2	1
Overall Rating	5	4	3	2	1

Course:

Usefulness	5	4	3	2	1
Materials	5	4	3	2	1
Depth	5	4	3	2	1
Exercises	5	4	3	2	1
Lecture	5	4	3	2	1
Content Relevance to Objectives	5	4	3	2	1
Overall Course Rating	5	4	3	2	1

Additional Comments/ Suggestions for Course Improvement:
