

EVALUATION FORM

Date

Apr 1 2019 12:00AM

Location

location name

The Canadian Heart Research Centre is committed to excellence in continuing education and your opinions are critical to us in this effort. To assist us in evaluating the effectiveness of this program and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form.

Demographics

Physician: ☐ Yes ☐ No ☐ Other Please specify _____

Type of Practice: ☐ Full-time ☐ Part-time ☐ Solo ☐ Group ☐ Office ☐ Hospital ☐ Other