**Name of Organization:**

**Presented by:**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation** |  |  |  |
| Presented information applicable to my practice. | Yes | No | **I don’t see patients** |
| Responded effectively to the group’s questions/challenges. | Yes | No |  |
| Presentation was free of commercial bias. | Yes | No |  |

After attending the presentation, please indicate the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcomes** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Use learning objectives to determine learner achieved in knowledge, performance, or patient outcomes. | 1 | 2 | 3 | 4 | 5 |
| For example, I am able to name the most common cannabinoids being used by patients and their effects on mental and physical health. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **Commitment to Change (Use the back of the sheet if you need more space.)** |
| After attending this course, what best practices did you gain that you can apply into your professional life or medical practice? |
| How can you build on your previous experience to improve your technique and patient care? |