American Society of Clinic Pathologist, Inc. 1922
CMLE/ISAC CE APPROVED PROGRAM
EVALUATION FORM Page 1

Sponsoring Organization: METROFLOW (NY/NJ Flow Cytometry Users Group)

Program Title: Metroflow 2020 Goes Virtual

Program Date: November 17th and 18th 2020

A. Professional Category: **MT(ASCP)** **MLT(ASCP)** **CT(ASCP)**

HT/HTL(ASCP) **PBT(ASCP)** **Other _____**

B. Ratings: Use both page 1 and page 2 of this form to evaluate the above-titled program ONLY. Return completed evaluation to Program Coordinator or as directed.

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:	**November 17h**				**November 18th**		
	Speaker 1 Vera Tang	Speaker 2 Evan Jellison	Speaker 3 Marcela Carmona	Speaker 4 Florian Mair	Speaker 1 Tomas Kalina	Speaker 2 Nicole Poulton	Speaker 3 Rachael Sheridan
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	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