**Deadline: Please submit the completed form 45 days after the conclusion of the activity.**

*Contact ACAAI Staff for assistance with this form.*

**Section 1 of 4: Activity Description**

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| --- |
| **Activity Information** |
|  |
| **Title** |  |
| **Date(s) of Meeting** |  | **Location**  |  |
| **Joint Provider Name**  |  |

**Section 2 of 4: Attendance**

|  |  |
| --- | --- |
| **Number of MD/DO Attendees** |  |
| **Number of Non-MD/DO Attendees***(Exhibit Personnel should not be included)* |  |
| **Final Count of Speakers** |  |

**Section 3 of 4: Global Evaluation Summary**

ACAAI will provide the detailed global evaluation summary results.

|  |  |
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| **Number of Responses** |  |

**Based on the evaluation results provided…**

**No commercial bias was reported by % of learners**

|  |
| --- |
| **If the percentage above is below 95%, please provide 2 recommendations of how to reduce perceived commercial bias in the future.** |
|  |

**Section 4 of 4: Evaluation Comments**

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| **List the 3 most common responses for intended changes to practice.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **List the 3 most common responses for other professional gaps that should be addressed.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **List the 3 most common responses for recommended improvements for this educational activity.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **List the 3 most common responses for any speaker that stood out as exceptional.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **List the 3 most common responses for any speaker that may need some improvement.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **List the 3 most common responses for Additional Comments.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **Based on the Evaluation Summary Provided by ACAAI, what are 3 Educational Programming Recommendations you would give to future planning committees of this activity.** |
| **1.** |  |
| **2.** |  |
| **3.** |  |