

# CE Accreditation

Evaluation form

**Evaluation of a CE activity is a requirement by PSNZ. This tool is an example form for the evaluation of a CE activity and should be used with the provider's branding. The following information is the minimum requirement for accreditation and additional evaluation questions may be included.**

Activity name: ..... Accreditation number: .....

Provider name..... Sponsor name:.....

Date of activity: ..... Location: .....

## 1. The learning objectives for this activity were:

- [Insert learning objective 1]
- [Insert learning objective 2]
- [Insert learning objective 3]
- Etc

**To what extent were these learning objectives met.**

Entirely met

Partially met

Not met

Comments: .....

.....

## 2. To what degree was the activity/content relevant to your own practice?

Entirely relevant

Partially relevant

Not relevant

Comments: .....

.....

**3. Rate your overall satisfaction of this activity**

Entirely satisfied

Partially satisfied

Not satisfied

Comments: .....

.....

**4. Rate the suitability of the delivery of this activity**

Entirely suitable

Partially suitable

Not suitable

Comments: