

CE Activity evaluation summary form

To be completed by external CE provider

This evaluation tool (or something similar) printed with the provider's branding must be completed and provided to PSNZ within the timeframes outlined by the CE Accreditation Policy:

Evaluation

(Accreditation Standard 3.4)

Participants must be provided with the opportunity to evaluate the quality of the CE activity to enable ongoing quality assurance and improvement process by the provider.

This must assess their view of:

- their achievement against the stated learning objectives
- the relevance of activity and content to their practice
- their overall satisfaction with the activity as a whole
- the suitability of delivery of the activity

*A summary of this evaluation on these four points must be sent to PSNZ, by the CE activity provider, within **1 month** of the activity's completion, however providers can include other questions on the evaluation forms if they wish.*

*If the activity is ongoing, the evaluation summary should be provided every **6 months** for the duration of the activity.*

Activity name:

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

Accreditation number:

Date of activity: Location:

Pharmacists rated:

		Not %	Partially %	Entirely %
1	The extent to which the activity met the learning objectives: <ul style="list-style-type: none"> • [Insert learning objective 1] • [Insert learning objective 2] • [Insert learning objective 3] • Etc. 			
2	The degree to which this activity content was relevant to their own practice.			
3	Overall satisfaction			
4	Suitability of delivery of activity			

Number of participants:

Number of evaluations received:

Any other comments?