

**CME Activity**  
**OUTCOME SUMMARY FORM**

**At the end of the activity or series, complete this summary and return to the CME Office with the final paperwork.**

Title of Activity	
UW CME Activity number	
Date of Activity	
Department	
Activity Chair	
Indicate the number of participants who attended your CME activity	
Number of sessions for the series (if applicable)	

<b>The following is based on participants evaluations, input from faculty, staff and yourself.</b>	<b>Strongly Agree</b>	<b>Moderately Agree</b>	<b>Disagree</b>
The intended objectives of the CME activity were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The desired results or expected outcomes were achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topics presented had an impact on the audience to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the major strengths and weaknesses of this activity?	Strength	Weakness
Would you make any changes in future CME activities based on feedback from this activity?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please use this space to provide a general summary of the activity.  
 Please see attached summary