

EVALUATION FORM

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1. Please rank the following items in order of importance as they influenced your decision to take this medical training program. (1 through 7, with 1 as the most important)

- () Topic () Agenda () Credits () Price
 () Computer Based Training () Company Requirement

	Agree	Disagree
2. The program contained significant current intellectual or practical content.	_____	_____
3. The program met my expectations.	_____	_____
4. I would complete another Medical Directions, Inc. program in the future.	_____	_____

Please rank the following:	Outstanding	Above Average	Average	Below Average	Unacceptable
Organization of the program	_____	_____	_____	_____	_____
Program Content	_____	_____	_____	_____	_____
Voice Instruction	_____	_____	_____	_____	_____
Graphics	_____	_____	_____	_____	_____
Ease of use of the Program	_____	_____	_____	_____	_____

5. This program was designed as an advanced level course. Was it too basic? _____
 Was it just right? _____ Was it too advanced? _____

6. What other subjects would make a worthwhile program?

7. How can we make this program of more value to your continuing education needs?

8. Please list professional journals you read or professional organizations to which you belong.
