

National Family Medicine Board Review Course

A joint educational endeavor of Michigan State University, the *Journal of Family Practice* and *Primary Care Medical Abstracts*

Self-Study Program **Course Evaluation Form**

1. Are you currently preparing to take a Family Practice certifying or recertifying examination?
 Yes No

2. If "yes," which type of examination are you currently preparing to take?
 Certification Recertification Date of original certification: _____

3. Have you taken any other courses to prepare for your certification/recertification examination?
 Yes No

4. If "yes," specify the name(s) of the program(s) _____

5. It would be helpful to know your scope of practice (check all that apply):

 Office-Based Care Hospital Care Geriatric Care

 Prenatal/OB Care Administrator/Teacher Other

6. A Faculty Disclosure paragraph is presented in the course manual (see section listing course faculty). MSU and the ACCME require that we inquire of you whether or not the presenter(s) disclosed to the participants any significant relationship with a commercial supporter. Please check one of the following:
 Yes No

7. Did you feel that there was a commercial bias in the presentation(s)?
 Yes No.
If "yes," which presentations?

COURSE CONTENT

We have attempted to create a Board Review Course
that covers 100% of the essential issues.
We'd appreciate your feedback on the course strategy.

8. Overall Summary (mark the line with an "X"):

|-----|-----|-----|

Content too simple
Know most of material

Content good balance of review
and well-known material

Content too complex
and broad. Not helpful.

9. What content areas were most helpful?

10. What content areas were least helpful?

11. Were any content areas missed?

12. On a quality scale of 1 (lowest) to 10 (highest), where would you rank the National Family Medicine Board Review program?

13. Would you recommend the National Family Medicine Board Review program to a colleague?

Please Note: If you have attended the NFMBR course and received a CME Certificate for 41 Credits, no certificate may be issued for completion of this Self-Study course since it is a duplication of material.

Please Complete The Following

I certify that I have personally answered all of the questions in the four review sections that accompany the NFMBR tapes/CDs and course manual without the assistance of others, and that I have made a good faith effort to answer all of the questions correctly.

Name: (Print) _____

Signature: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

CME CREDITS CANNOT BE PROCESSED WITHOUT THIS INFORMATION

Address: _____

Phone: _____

E-Mail Address: _____

Please return your completed evaluation form to:

The Center for Medical Education
P. O. Box 600
Creamery, PA 19430