

# OBMI Evaluation Form

This evaluation assists the OBMI in monitoring course quality and faculty skill level to maintain CE program standards. Sponsors please submit **summaries** of evaluation forms. This form does not document credit or attendance.

Institution, business or individual: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Course Approval Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Presentation Title:** \_\_\_\_\_

<b>Rating Scale:</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Undecided</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>
Content Conducive to My Learning:	5	4	3	2	1
Manner and Skill of Presentation:	5	4	3	2	1
Content Relevant to My Work:	5	4	3	2	1
Content Covered Published Course Description:	5	4	3	2	1
Overall Satisfaction:	5	4	3	2	1

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this completed form to:  
Oregon Board of Medical Imaging  
800 NE Oregon St, Suite 1160A  
Portland, OR 97232-2162  
Or Fax it to: 971-673-0218