



# European Board for Accreditation in Pneumology

## EBAP Evaluation Form

*Please complete this evaluation form at the end of the event in order to receive your CME attendance certificate.*

**1. Usefulness of this event to my practice:**

Excellent       Above average       Below Average       Poor

**2. Scientific content of the event:**

Excellent       Above average       Below Average       Poor

**3. Quality of presentations:**

Excellent       Above average       Below Average       Poor

**4. Quality of organization:**

Excellent       Above average       Below Average       Poor

**5. Was there any commercial or promotional bias evident in this CME event?**

Yes       No

**6. Did EBAP Accreditation have any influence on your choosing this event?**

Yes       No

**7. Additional comments:** .....

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**8. Which country do you come from?** .....

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