

# GENERAL EVALUATION FORM

14<sup>th</sup> Annual Essentials in Primary Care Winter Conference  
Naples, Florida • February 9 – 13, 2026

Thank you for attending the 14th Annual Essentials in Primary Care Winter Conference in Naples, Florida. The completion of this form is required for CME compliance purposes. In addition, your feedback will assist us in improving future conferences, so we urge you to be completely honest with your opinions.

Please indicate your answer by filling in the appropriate circle—like this ●, not ◐ or ✗.

➡ Please PRINT your name: First \_\_\_\_\_ Last \_\_\_\_\_  
(Required to obtain your certificate)

Title: DO MD NP PA RN Other  
○ ○ ○ ○ ○ ○

Number of Credits you are claiming (based on sessions attended - 20 max.):



## This CME activity:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This activity met my primary objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of this conference was excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition for this program was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This activity provided new information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The educational approach used in this program was conducive to my learning experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned information that is directly applicable to my clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned information that will help improve my patients' outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This activity increased my knowledge, competence, and/or will improve my performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...was free from commercial bias or influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Commercial bias is defined as a personal judgment in favor of a specific product or service of a commercial interest. CME activities should be free from commercial bias and give a balanced view of therapeutic options</i>					
If you perceived commercial bias, please provide presenter(s) and details.					

## Based on this activity's Learning Objectives, I intend to implement the following Practice Behaviors:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Assess and provide patients with an accurate diagnosis and optimal care for a broad range of disorders seen in primary care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Utilize current guidelines in the diagnosis and management of commonly encountered therapeutic issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Formulate comprehensive evidence-based interventions and treatment strategies that will lead to the reduction of modifiable risk factors and improved long-term outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Time to reflect?** Did a previous CEC activity change your practice in an impactful way? As an ACCME accredited provider, we'd love to hear about how our education affects you and your patient care. Feel free to write about it in the comments or send an email to [Support@cmemeeting.org](mailto:Support@cmemeeting.org). Thank you!

Please list professional changes that you intend to make as a result of participating in this CME conference.

1.

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2.

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	Extremely confident	Very confident	Moderate confident	Slightly confident	Not confident
Please rate your confidence in implementing these changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify any barriers you perceive in implementing these changes. (select all that apply)

- |   |                       |
|---|-----------------------|
| Lack of evidence-based guidelines                                   | <input type="radio"/> |
| Lack of applicability of guidelines to my current practice/patients | <input type="radio"/> |
| Lack of time  | <input type="radio"/> |
| Organizational/Institutional  | <input type="radio"/> |
| Insurance/Financial   | <input type="radio"/> |
| Patient adherence/Compliance  | <input type="radio"/> |
| Treatment related adverse events                                    | <input type="radio"/> |
| No perceived barriers   | <input type="radio"/> |

What influenced you to attend this CME conference?

- |                    |                       |
|--------------------|-----------------------|
| Course Description | <input type="radio"/> |
| Faculty            | <input type="radio"/> |
| Topics             | <input type="radio"/> |
| Tuition Fee        | <input type="radio"/> |
| Location           | <input type="radio"/> |
| Livestream Option  | <input type="radio"/> |
| Time of Year/Dates | <input type="radio"/> |

	YES	NO
Would you attend another meeting in Naples, Florida?	<input type="radio"/>	<input type="radio"/>
Did you stay at the Naples Grande Resort?	<input type="radio"/>	<input type="radio"/>
If “YES”, would you stay here again? (If you would not stay here again, please let us know why in “comments” below.)	<input type="radio"/>	<input type="radio"/>
Have you attended a Continuing Education Company (CEC) conference before?	<input type="radio"/>	<input type="radio"/>
Would you attend another Continuing Education Company (CEC) conference? (If not, please tell us why in “comments” below)	<input type="radio"/>	<input type="radio"/>

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What specific clinical challenges, decisions, or practice problems would you like future CME to address? Please be as specific as possible (e.g., subspecialty focus, disease subtype, patient population, or specific aspect of care rather than a broad category).

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What destinations would you recommend for future conferences?

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May we use your first name, last initial and comments to promote future events?	Yes <input type="radio"/>	No <input type="radio"/>
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Comments: