


# GENERAL EVALUATION FORM

30<sup>th</sup> Annual Hypertension, Diabetes, & Dyslipidemia Conference  
Savannah, GA • June 3 - 5, 2026

Thank you for attending the 30<sup>th</sup> Annual Hypertension, Diabetes, & Dyslipidemia Conference in Savannah, Georgia. 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 – 15.25 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"/>

*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*

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. Formulate an efficient and effective assessment and monitoring plan of a patient's condition as it relates to hypertension, diabetes, and dyslipidemia.	<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 diabetes, hypertension, and dyslipidemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Develop individualized interventions and treatment strategies for patients presenting with hypertension, diabetes, and/or dyslipidemia that will translate into 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
- Lack of applicability of guidelines to my current practice/patients
- Lack of time
- Organizational/Institutional
- Insurance/Financial
- Patient adherence/Compliance
- Treatment related adverse events
- No perceived barriers

What influenced you to attend this CME conference?

- Course Description
- Faculty
- Topics
- Tuition Fee
- Location
- Livestream Option
- Time of Year/Dates

	YES	NO
Would you attend another meeting in Savannah, Georgia?	<input type="radio"/>	<input type="radio"/>
Did you stay at the Hyatt Regency Savannah?	<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  No

**Comments:**