GENERAL EVALUATION FORM

17th Annual Essential in Primary Care Summer Conference
Palm Coast, Florida ● July 13 - 17, 2026

Thank you for attending the *17th Annual Essentials in Primary Care Summer Conference* in Palm Coast, 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	○	○	○	○	○
Overall quality of this conference was excellent	○	○	○	○	○
Tuition for this program was appropriate	○	○	○	○	○
This activity provided new information	○	○	○	○	○
The educational approach used in this program was conducive to my learning experience	○	○	○	○	○
I learned information that is directly applicable to my clinical practice	○	○	○	○	○
I learned information that will help improve my patients' outcomes	○	○	○	○	○
This activity increased my knowledge, competence, and/or will improve my performance	○	○	○	○	○
...was free from commercial bias or influence *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. *Assess and provide patients with an accurate diagnosis and optimal care for a broad range of disorders seen in primary care.*	○	○	○	○	○
2. *Utilize current guidelines in the diagnosis and management of commonly encountered therapeutic issues.*	○	○	○	○	○
3. *Formulate comprehensive evidence-based interventions and treatment strategies that will lead to the reduction of modifiable risk factors and improved long-term outcomes.*	○	○	○	○	○

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. Thank you!

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

1.

2.

	Extremely confident	Very confident	Moderate confident	Slightly confident	Not confident
Please rate your confidence in implementing these changes	○	○	○	○	○

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 Palm Coast, Florida?	○	○
Did you stay at the Hammock Beach Resort?	○	○
If "YES", would you stay here again? (If you would not stay here again, please let us know why in "comments" below.)	○	○
Have you attended a Continuing Education Company (CEC) conference before?	○	○
Would you attend another Continuing Education Company (CEC) conference? (If not, please tell us why in "comments" below)	○	○

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).

What destinations would you recommend for future conferences?

May we use your first name, last initial and comments to promote future events? **Yes** ○ **No** ○

Comments: