

Maine Dental Association CDE Program EVALUATION FORM

Please mail/fax to: Maine Dental Association, PO Box 215, Manchester, ME 04351 / FAX 207-622-6210

Date of Program: DECEMBER 3, 2021

Course Title: MANAGING COMPLEX RESTORATIVE CASES: BIOLOGIC FACTORS INFLUENCING THE PERIO-RESTORATIVE INTERFACE

Speakers: DR. RYAN COOK

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The Maine Dental Association designates these activities for one to six continuing education credits.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.



The Maine Dental Association is an ADA CERP Recognized Provider



	Excellent					Poor				
1. Overall Evaluation _____	5	4	3	2	1					
2. Usefulness of content _____	5	4	3	2	1					
3. Appropriateness of content _____	5	4	3	2	1					
4. Materials _____	5	4	3	2	1					
5. Instructor(s) _____	5	4	3	2	1					
Did the program meet your expectations?	Yes _____	No _____	N/A _____							
Did the course meet the stated learning objectives?	Yes _____	No _____	N/A _____							
Will this course enhance your competence?	Yes _____	No _____	N/A _____							

What aspect of this seminar was most helpful, and why? _____

What would you suggest to improve the seminar? _____

How may this course influence your practice? _____

Strengths and weaknesses of instructor(s)? _____

What other topics are you interested in? _____

Evaluation form completed by (circle one): **Dentist** **Hygienist** **Assistant** **Office Staff** **Other**

Name (optional): _____

Thank you.