Shriners Hospitals for Children™
Northern California

Program Evaluation Form

Shriners Hospitals for Children Northern California
2425 Stockton Boulevard
Sacramento, CA 95817

Program Information:

Program Title: Diagnosis and Management of Spinal Disorders in Children and Adolescents
Presenter/Title: Rolando Roberto, MD
Presentation Date: 9/24/2020 Contact Hours: 1.0

Participant Information (required only if seeking contact hours):
Please check one box: ☐ RN/LVN ☐ MD ☐ PT/OT ☐ NP/PA ☐ RT
Name: _____ License #: _____
Department or Address: _____

Upon receipt of this completed form, the Staff Development Department will issue a Certificate of Completion within 90 days.

This activity fits the scope of my medical practice.	Agree	5	4	3	2	1	Disagree
I have increased my competence as a result of attending this activity.	Agree	5	4	3	2	1	Disagree
I will apply knowledge and strategy from this activity in my clinical practice.	Agree	5	4	3	2	1	Disagree
This presentation was free from commercial bias. If a conflict of interest was noted, please specify.	Agree	5	4	3	2	1	Disagree
What clinical problems will you be able to solve as a result of attending this activity?							
Issues in cultural/linguistic competency were adequately addressed in this activity (e.g. difference in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural data).	Yes				No		
What are your needs for future educational interventions/activities?							
Additional comments:							