



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: Torticollis and Early Onset Scoliosis – What Every Pediatric Provider Needs to Know  
Presenter/Title: Joel Lerman, MD  
Presentation Date: 5/17/2021 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:							