CPE Evaluation Form

Personal Information:

Program Title: _____

Program Instructor: (if applicable) _____

Program Date: _____

Participant Name: (optional) _____

Please indicate your agreement with the following statements:	Agree	Disagree	Don't Know
1. Stated learning objectives were met	☐	☐	☐
2. Stated prerequisite requirements were appropriate and sufficient	☐	☐	☐
3. Progam materials were relevant and contributed to the achievement of the learning objectives	☐	☐	☐
4. Time allotted to the learning activity was appropriate	☐	☐	☐
5. If applicable, individual instructors were effective	☐	☐	☐

Complete and fax this form to 404-497-7685 or complete, scan, and e-mail this form to ce@kingdomadvisors.com

Additional Comments

Thank you for your feedback!