CPD III: Training Evaluation Form

REPUBLIC OF KENYA

MPDB CPD Participant Training Evaluation Form

Provider's name:.....Date:.....

Location (if appropriate):.....Duration of training:.....

Type of activity.....

As a regulator, we are always seeking ways to improve the training design and delivery. Please complete this evaluation at the conclusion of the training session. It is important to complete this in detail and to be frank in your observations. If you would like to share other comments with the MPDB, please contact us at *ceo@kenyamedicalboard.org* or 0720771478.

Please rate your level of agreement on whether the learning outcomes for the training were attained. 5– strongly agree 4 – agree 3 – neither agree nor disagree 2 – disagree 1– disagree strongly 0 – not applicable						
1. The CPD training met my competency needs	5	4	3	2	1	0
2. Training format was effective	5	4	3	2	1	0
3. The facilitator was knowledgeable about topic	5	4	3	2	1	0
4. The facilitator's presentation style was effective	5	4	3	2	1	0
5. The room and amenities were conducive to learning (if applicable)	5	4	3	2	1	0
6. The CPD activity was cost effective	5	4	3	2	1	0
7. There was adequate publicity for this CPD activity	5	4	3	2	1	0
8. Additional comments:						