ATLANTICARE REGIONAL MEDICAL CENTER
INDIVIDUAL ACTIVITY APPLICANT EVALUATION FORM

2026 Annual Neurosciences Conference – Day 1

Date: November 19, 2026

CODE: A: Excellent B: Good C: Fair D: Poor E: N/A

How were the following Learning Outcome(s) met?

Learning Outcome: Participants will identify at least two evidence-informed advances or care approaches from Day 1 neuroscience content that can inform clinical practice, referral, interdisciplinary coordination, or patient education.

A B C D E

☐ ☐ ☐ ☐ ☐ Relationship of learning outcome(s) to content of the activity?
☐ ☐ ☐ ☐ ☐ How well did this continuing nursing education program meet your learning needs?

Please evaluate each speaker: SPEAKER**: Dwayne Brown, DO**

☐ ☐ ☐ ☐ ☐ Knowledge of subject
☐ ☐ ☐ ☐ ☐ Presentation orderly and understandable
☐ ☐ ☐ ☐ ☐ Effective use of teaching method(s)

Please evaluate each speaker: SPEAKER**: Chris Collins, MD**

☐ ☐ ☐ ☐ ☐ Knowledge of subject
☐ ☐ ☐ ☐ ☐ Presentation orderly and understandable
☐ ☐ ☐ ☐ ☐ Effective use of teaching method(s)

Please evaluate each speaker: SPEAKER**: Sandhya Kortagere, PhD**

☐ ☐ ☐ ☐ ☐ Knowledge of subject
☐ ☐ ☐ ☐ ☐ Presentation orderly and understandable
☐ ☐ ☐ ☐ ☐ Effective use of teaching method(s)

Please evaluate each speaker: SPEAKER**: Chad Funk, MD, PhD**

☐ ☐ ☐ ☐ ☐ Knowledge of subject
☐ ☐ ☐ ☐ ☐ Presentation orderly and understandable
☐ ☐ ☐ ☐ ☐ Effective use of teaching method(s)

Please evaluate each speaker: SPEAKER**: Gabriel Santiago, MD, MBA**

☐	☐	☐	☐	☐	Knowledge of subject
☐	☐	☐	☐	☐	Presentation orderly and understandable
☐	☐	☐	☐	☐	Effective use of teaching method(s)

Please evaluate each speaker: SPEAKER**: Urmil Patel, MD, FACP**

☐	☐	☐	☐	☐	Knowledge of subject
☐	☐	☐	☐	☐	Presentation orderly and understandable
☐	☐	☐	☐	☐	Effective use of teaching method(s)

Please evaluate each speaker: SPEAKER**: Elad I. Levy, MD, MBA, FCNS, FAANS**

☐	☐	☐	☐	☐	Knowledge of subject
☐	☐	☐	☐	☐	Presentation orderly and understandable
☐	☐	☐	☐	☐	Effective use of teaching method(s)

This program was presented in a fair and unbiased manner. Please identify a change that you will implement as a result of this educational activity:

☐ a. No change will be made; content supported the current practice.
☐ b. Will review/revise protocols, policies, and procedures.
☐ c. Will change my management/treatment of patients.
☐ d. Will enhance patient education.
☐ e. Other, please specify

_____

Do you anticipate any barriers to learner change? If yes, please specify.

_____

Participating in this activity will enhance my knowledge, skills or strategy relating to professional practice.

☐ **Yes** ☐ **No**

Participating in this activity will enhance my performance in caring for patients.
☐ **Yes** ☐ **No**

The content was useful and added to my knowledge. ☐ **Yes** ☐ **No**

Comments: