

Evaluationsbogen für akkreditierte Fortbildungsveranstaltungen

Veranstalter

Titel der Fortbildung

Akkred. - Nr.

Bewertung

1 hervorragend 2 gut	3 befriedigend 4 ausreichend	5 mangelhaft 6 unzureichend
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Berufliche Qualifikation des Teilnehmers

<input type="checkbox"/> PP	<input type="checkbox"/> KJP	<input type="checkbox"/> PT	<input type="checkbox"/> Sonstige
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Bitte markieren Sie pro Zeile ein Feld!

Auswahl & Zusammenstellung des/r
Themas/en

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Auswahl des/r Referenten

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Aufbau, Ablauf & Vermittlung der Themen

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Theoretische Relevanz

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Klinisch- praktische Relevanz

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Eigener Erkenntnisgewinn

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Möglichkeiten zur Diskussion

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Einhalten des Zeitrahmens

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Organisation (Anmeldung, Ablauf)

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Wurde in den Vorträgen die Firmen- und
Produktneutralität gewahrt?

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Gesamteindruck

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
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Anmerkung:

Vielen Dank für ihre Rückmeldung!