

Connecticut Society of Eye Physicians
Semi-Annual Education Programs
Physicians Survey Form

Dear Member:

In an effort to establish procedures for identifying and analyzing the continuing medical educational needs and interests of our members, we ask that you to take a moment to fill out this form and objectively identify potential speakers and educational topics that you are interested in having at the Connecticut Society of Eye Physicians Semi-Annual Education Meetings.

CSEP will try and accommodate requests in an expeditious manner and communicate the purpose or objectives for each CME activity to our membership. Furthermore, the CT SOCIETY OF EYE PHYSICIANS shall design and implement educational activities consistent in content and method with the stated objectives and with applicable CME standards. Upon completion of each educational activity CSEP will evaluate the effectiveness of its CME activities in meeting identified educational needs and objectives. If you have any questions or comments regarding CME activities, please contact Debbie Osborn at 860-459-4377 or by email at debbieosborn36@yahoo.com or by mail: P.O. Box 854, Litchfield, CT 06759.

Name _____

Suggested Topics –

Suggested Speakers –

Please Fax back to 860-567-3591