**EACCME® Event Report**

To complete the EACCME® application process, please upload the event report onto your event page on the EACCME® website. Event reports must be submitted at the latest 4 weeks after the accredited event has taken place.

**Event title: ……………………………………………………………………………………………………………**

**Event date: ………………………….. Event city: ……………………………………………………**

**EACCME® reference number: …………………….**

**Actual number of participants: ……………………..**

**Please provide breakdown (in %) of international participation:**

|  |  |
| --- | --- |
| European participants |  |
| American participants |  |
| Canadian participants |  |
| Other: please specify |  |

**Number of evaluation forms submitted: …………………………**

**Number of EACCME® certificates distributed: ……………………………………….**

**Summary of evaluation forms completed by the participants:**

Your feedback as a provider must include at least the information listed below. Please refer to the EACCME® participants’ evaluation form for the information to be provided below:

|  |  |  |
| --- | --- | --- |
| *Category* | *Number of**respondents* | *Mean score* |
| **Quality of the event** |  |  |
| **Relevance of the event** |  |  |
| **Suitability of formats used during the event** |  |  |
| **Ways the event affected the participant’s practice** |  |  |
| **Commercial bias** |  |  |