ATTENDEE ON-SITE COURSE REVIEW

Course Name: ________________________________________________________________

Instructor’s Name: ________________________________ COPE Course ID #: ____________

1. From your own perspective, do you feel that the course had educational and scientific integrity containing customary/generally accepted optometric and medical practices? Y or N

2. Was a course handout/outline (syllabus) made available to you? Y or N

3. Was the course outline relevant and compatible with the lecture? Y or N

4. Did the outline contain sufficient detail so as to be able to serve as a stand-alone reference after the course (approximately 1.5 to 2 pages per credit hour)? Y or N

5. Did the course outline differ significantly from the original outline submitted to COPE? Y or N

6. Was the course supported by a company which manufactures pharmaceuticals, lenses, products or instrumentation used to treat a disease or condition discussed in the course content? (Note: Commercial Support is allowed by COPE guidelines and does not necessarily imply bias or violation of the Standards for Commercial Support)
   
   If yes, please list the company____________________________________________________

7. Did you notice any bias in the course content toward products, instruments, or pharmaceuticals manufactured by the Commercial Supporter of the course? Y or N
   
   If yes, please explain below.
   
   __________________________________________________________

8. Did you notice any bias toward any other manufacturers of optometric/ophthalmic products, instruments, or pharmaceuticals? Y or N
   
   If yes, please explain below.
   
   __________________________________________________________

9. Did the course presentation give a balanced view of therapeutic or diagnostic options? Y or N

10. Was any/all proprietary information disclosed to the audience in form of a disclosure slide at the beginning of the lecture? Y or N

11. Were slides or handouts free from company logos of the Commercial Supporter or product group messages? Y or N

12. If off label uses were presented, was this disclosed to the learners? Y or N

13. Were representatives of the Commercial Supporter in the classroom? Y or N

14. Did representatives of the Commercial Supporter engage in product promotion during the Course or participate in the Course Discussion? Y or N
15. Did you feel that the presence of representatives of the Commercial Supporter affected the course presentation?  

16. Is this a Continuing Education with Examination (CEE) Course?  

   If yes, is the Course at least 2 hours in duration?  

   If the test is provided on-site, did you take the test?  

   If yes, is the test in multiple choice format?  

17. Did you complete a post-course evaluation?  

   If No, do you plan to complete an evaluation in the near future?  

18. Did the Course Category match the majority of Course Content?  

Additional comments (if necessary):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Reviewer Name: _______________________

Date__________

Revised 11/10