



New
England
Fertility
Society

Meeting Evaluation and Credit Application 2024

1st Quarterly Meeting of the New England Fertility Society

"The Basic Science of the Business of IVF"

Presented by:
David Sable, MD
Columbia University
New York, NY

Thursday, APRIL 4, 2024
Virtual Zoom

DESCRIPTION: Expanding access to in vitro fertilization (IVF) and adjacent procedures is the next great challenge for fertility care. Just as evolution in science drives changes in medical practice, changes in the industry ecosystem will influence how, and to whom, care is delivered. We will discuss the economic forces that will affect our field in the coming decade.

	Strongly Agree 5	4	3	2	Strongly Disagree 1	Comments
Overall purpose of this activity related to objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE RATE ACHIEVEMENT OF EACH OBJECTIVE REGARDING THIS PROGRAM

1. To define the size of the unmet need in reproductive medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. To discuss who will pay for industry expansion and innovation, and how						
3. To examine how technology-based industries scale, and how this generalizes to IVF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE RATE THE SPEAKER'S TEACHING EXPERTISE:

1. Is knowledgeable in content area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Content is consistent with objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Teaching strategies were appropriate for topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Teaching by this presenter was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE RATE THE FOLLOWING REGARDING:

	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	Comments
Speaker: David Sable, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ZOOM PLATFORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How well did this activity avoid commercial bias and present content that was fair and balanced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the likelihood you will change the way you practice based on what you learned in this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall, how would you rate this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMERCIAL SUPPORT/VESTED INTEREST

- Was information about the conflict of interests of the presenter(s) shared with you on the meeting program?
Yes No
- Was information regarding any commercial support for this program shared with you on the meeting program?
Yes No
- Are you a NEFS Member? . Yes No If no, are you interested in becoming an NEFS member? . . Yes No
- How does this meeting compare to other NEFS meetings you have attended? Better Same Worse
- How does this meeting compare to other educational meetings you've attended? Better Same Worse
- Would you recommend this program to a colleague? Yes No...If no, why not? _____

5. How did you first learn of this program? Email Invitation Website Colleague Other_____

6. Before attending, please rank the top three (3) reasons why you decided to attend this program?

- | | |
|--|---|
| _____ Quality of speakers | _____ Chance to interact with speakers |
| _____ Chance to interact with colleagues | _____ Topics |
| _____ Location | _____ Previous experience with New England Fertility Society Meetings |
| _____ Needed credits | _____ Other |

7. Please indicate your primary profession:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Embryologist | <input type="checkbox"/> Scientist | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> LPN/LVN | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> RN | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |

8. Please recommend OTHER local venue locations for future meetings. _____

9. Please recommend speakers you'd like to hear at future meetings. _____

10. We welcome any additional feedback, recommendations, suggestions, and any additional comments: _____

CREDIT APPLICATION - February 28, 2023 (Nurses only)

To receive continuing education credit for this meeting, please provide your name and address in the spaces below. Applications for Credit will be accepted until **March 10, 2023**. Late applications will NOT be accepted.

Please print clearly as illegible applications will result in a delay.

Name: _____ Title: _____

License #: _____ State of License: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please indicate which credit you are requesting by checking the appropriate box below.

- Nurses-sign-in sheet Physicians-not available ABB -not available

By signing below, I certify that I participated in: **The 1st Quarterly Meeting of the NEFS, April 4, 2024**

ATTENDANCE: Please fill in the number of actual hours that you attended this activity 1 Hour(s)

Signature: _____

Please Submit Completed Application to: Hannah Lind, RN at hlind@villagepharmacy.com