The following evaluation elements are required for all events providing continuing education contact hours.

Type of Continuing Education (CE) Requesting: _____________________________

Name of Participant: ________________________________

DEMOGRAPHICS

Please answer the below questions about yourself.

Are you currently enrolled as a Medicaid provider?

☐ Yes ☐ No

If not enrolled, do you provide services under the direction of an enrolled provider?

☐ Yes ☐ No

My specialty is:

☐ Administrative/Office Staff (please also select the specialty of your office)

☐ Allopathic & Osteopathic Physicians  ☐ Behavioral Health & Social Service Providers  ☐ Dental Providers  ☐ Dietary & Nutritional Service Providers  ☐ Physician Assistants & Advanced Practice Nursing Providers

☐ Respiratory, Developmental, Rehabilitative and Restorative Service Providers  ☐ Speech, Language, and Hearing Service Providers  ☐ Other, Unknown  ☐ Other, Nurse

1. Your achievement of the learning objectives for this session/presentation/workshop/conference.

Determine clinical spectrum and pathophysiology of Pompe Disease  Low 1 2 3 4 5

Identify treatment advances in Pompe Disease  Low 1 2 3 4 5

Apply understanding of new natural history and complications of treated disease  Low 1 2 3 4 5

Discuss the role of Newborn Screening in Pompe Disease  Low 1 2 3 4 5
2. The presenter(s) competence and effectiveness. (Live presentations only)

   Presenter 1: **Priya Kishnani, MD**

3. The learning methods and materials aided in your understanding of the subject.

4. The activity/session met your personal expectations.

5. The content of this educational event will be applicable and useful in your job//practice.

6. What new skill or idea will you implement into your job or practice within the next six months as a result of attending this educational event?

7. Did you perceive any conflict of interest (i.e., commercial support, product endorsement, or unannounced off-label product use) during the presentation?

   □ No   □ Yes   □ don’t know/undecided

   If you marked yes, please describe the conflict of interest you perceived.