



New  
England  
Fertility  
Society

# Meeting Evaluation and Credit Application 2023

## 1st Quarterly Meeting of the New England Fertility Society

*"Demystifying Female Hormonal Patterns:  
Identifying clinical insights to further understand women's unique fertility profile"*

Presented by:  
**Amy Divaraniya, PhD**  
CEO & Founder, OOVA, Inc.  
New York, NY

Tuesday, February 28, 2023  
Virtual Zoom

**DESCRIPTION:** *How monitoring hormones throughout their fertility journey is paving the way for women to understand their unique fertility profile and the importance of sharing these insights industry-wide, to improve the standard of care.*

	<b>Strongly Agree</b> 5	<b>4</b>	<b>3</b>	<b>2</b>	<b>Strongly Disagree</b> 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. Showcase gaps in research of female reproductive hormones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Discuss, analyze and interpret recent research findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Understanding of how this data can be used to guide treatment paths and clinical trials potentially leading to better outcomes	<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:**

	<b>Excellent</b> 5	<b>Very Good</b> 4	<b>Good</b> 3	<b>Fair</b> 2	<b>Poor</b> 1	Comments
Speaker: Amy Divaraniya, PhD	<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: \_\_\_\_\_

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## **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, February 28, 2023**

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](mailto:hlind@villagepharmacy.com)