

UConn School of Dental Medicine Post-Event Report for an Industry-Related Event

[Submit to Dr. Sarita Arteaga at arteaga@uchc.edu, by inter-office mail code 3905 or in person to suite AG030 within 4 weeks after completion of industry-related event.]

Faculty Sponsor and Event Information

Name of Faculty Sponsor: _____

Title of Event: _____

Date of Event: _____

Place of Event: _____

Please circle the statement that most closely reflects your opinion.

1.) The information provided was appropriate for the stated purpose of the event.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2.) The level of the presentation was appropriate for the intended audience.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3.) The presentation was unbiased and conclusions were supported by scientific evidence.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Please answer the following questions:

1.) To your knowledge, were any of the assurances in the pre-approval application **NOT** met?

If yes, please explain.

Yes No

2.) To your knowledge, was there any other **NONCOMPLIANCE** with the SDM policy on industry interactions?

If yes, please explain.

Yes No

Please add any additional comments you would like to make.

