



**New Jersey Association of Endodontists**  
**Fall Conference Zoom Meeting**  
**Sunday, October 31, 2021**

Dear Attendee,

Please fill out the following 2-part evaluation survey. Completion of this survey is necessary for you to receive your CE Participation Certificate. Non-compliance will prevent you from obtaining the certificate. These survey questions are important to the NJAE. They are a requirement we need to fulfill to maintain our ADA CERP CE provider status. Thank you for your cooperation.

Thank you,

Board of Directors, New Jersey Association of Endodontists

**Part I**  
**Participant Information**

1. Type of Dental Practice: Endodontist \_\_\_\_\_ General Dentist \_\_\_\_\_ Endodontic Educator \_\_\_\_\_  
Dental Specialist \_\_\_\_\_ Endodontist in Military \_\_\_\_\_ Endo PG \_\_\_\_\_ Dental Student \_\_\_\_\_
2. What type of practice are you in? Solo \_\_\_\_\_ Group \_\_\_\_\_ Other \_\_\_\_\_ N/A \_\_\_\_\_
3. Years in Practice: \_\_\_\_\_
4. State you practice in: \_\_\_\_\_
5. Country (other than the United States) you practice in: \_\_\_\_\_
6. How did you learn about the NJAE Annual Meeting? Word of Mouth \_\_\_\_\_ Internet/Email \_\_\_\_\_  
Invited as a guest \_\_\_\_\_ Other \_\_\_\_\_

**What influenced your decision to attend this Meeting? (Please check all that apply)**

- |                        | Not important. | Moderate importance. | Important. | Very Important |
|------------------------|----------------|----------------------|------------|----------------|
| 7. Program Content     | _____          | _____                | _____      | _____          |
| 8. Program Faculty.    | _____          | _____                | _____      | _____          |
| 9. Obtaining CE credit | _____          | _____                | _____      | _____          |

10. Length of the meeting: Too long \_\_\_\_\_ Too Short \_\_\_\_\_ Just right \_\_\_\_\_
11. Have you attended an NJAE meeting/Webinar in the past? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Would you consider attending a future NJAE meeting/Webinar? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Did this conference meet your educational expectations? No \_\_\_\_\_ Somewhat \_\_\_\_\_ Yes \_\_\_\_\_
14. Did the New Jersey Association of Endodontists meet your expectations in respect to CE via streaming webinar? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Would you pay a nominal registration fee for another Fall Conference webinar? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Were conflicts of interest or industry bias apparent in the presentation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please take a moment to add your comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Did the course content have application in your practice? No \_\_\_\_\_ Somewhat \_\_\_\_\_ Yes \_\_\_\_\_
18. Overall Course Rating: Unsatisfactory \_\_\_\_\_ Improvement Needed \_\_\_\_\_ Average \_\_\_\_\_  
Above Average \_\_\_\_\_ Excellent \_\_\_\_\_

19. Comments on question #18 \_\_\_\_\_

\_\_\_\_\_

20. Please feel free to comment on any aspect of the meeting:

\_\_\_\_\_

\_\_\_\_\_



**New Jersey Association of Endodontists  
Fall Conference Webinar  
Sunday, October 31, 2021  
Part II**

Our future courses rely on your constructive feedback. Please answer the following questions. Thank you!

**Were our speaker’s learning objectives for this symposium realized?**  
(Please select a response for each objective)

- 1. Can you identify and list the main indications of guided endodontic microsurgery?  
Yes\_\_\_ No\_\_\_
- 2. Do you understand the different techniques discussed to perform endodontic microsurgery can impact the results of the procedure?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- 3. Do you think this presentation will assist you in taking advantage of employing endodontic microsurgery in your practice?  
Yes\_\_ No\_\_\_
- 4. Do you understand the differences between static and dynamic endodontic microsurgery?  
Yes\_\_\_ No\_\_\_
- 5. Can you list the advantages and disadvantages of guided endodontic microsurgery?  
Yes\_\_\_ No\_\_\_

**Please evaluate** (5 = excellent; 4 = good; 3 = average; 2 = fair; 1 = poor)

- a. Administration & organization of course. \_\_\_\_
- b. Assessment of speaker’s content for personal learning \_\_\_\_
- c. Overall impact of content on you professionally. \_\_\_\_
- d. Accuracy of stated learning objectives. \_\_\_\_

**Speaker Evaluation** (5 = excellent; 4 = good; 3 = average; 2 = fair; 1 = poor)

Speaker	Effectiveness	Speaking Skills	Visual Aids	Presentation
<b>Dr. Paula Villa</b>	_____	_____	_____	_____

We would appreciate your opinions on future course offerings. What areas in endodontics or closely related areas of dentistry would you like the NJAE CE Committee to consider as future presentation possibilities? Please list:

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or email your suggestions to [support@njendo.org](mailto:support@njendo.org) or to [njaeendo@gmail.com](mailto:njaeendo@gmail.com) .



The New Jersey Association of Endodontists is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to ADA CERP at [www.ada.org/goto/cerp](http://www.ada.org/goto/cerp)