

**Peer Assessment Committee
Physicians' Evaluation of Offsite Assessment**

Note: Please rate as: 1 –very poor to 5 - very favourable

1. Was the information provided with your original notification adequate to ensure that you understood the expectations and the process of offsite assessment? Yes ____ No ____
Rating: 1 2 3 4

Comments: _____

2. Do you believe the assessment results adequately reflect the care you provide to your patients? Yes: ____ No: ____

Comments: _____

3. What changes, if any, will you make as a result of offsite assessment?

4. Rate the educational value of the offsite assessment process: 1 2 3 4 5

Comments: _____

5. Do you have any suggestions to improve the offsite assessment process?

6. Would you like to receive information on becoming an assessor with APMPR?

Yes: ____ No: _____

Thank you!