



ASDS International Preceptorship Evaluation

Thank you participating in the ASDS International Preceptorship Program. Your responses to the following questions are needed to assist the ASDS Educational Exchange Work Group in developing future programs. Please remember to email photos of your visit.

1. Your goal for the program was to learn more about:

- Cosmetic Procedures Improving Patient Care Increasing Patient Outcomes
 Lasers Mohs Practice Management
 Reconstructive Surgery Soft Tissue Fillers & Neuromodulators Other

2. Do you feel that you reached your goal?

- Yes No

If no, please explain:

3. What new technique(s) or procedure(s) did you learn?

- Cosmetic Procedures Lasers Mohs Surgery Practice Management
 Reconstructive Surgery Soft-Tissue Fillers & Neuromodulators
 Surgical Techniques

4. What (if any) do you intend to improve patient care in your practice as a result of participating in this activity?

- Cosmetic Procedures Lasers Patient Education Patient Outcomes
 Practice Management Surgical Techniques Treatments

5. Would you recommend the ASDS International Preceptorship Program to your colleagues?

- Yes No

If no, please explain...

6. What changes would you like ASDS to make to improve this program for others?

Name of Preceptee _____