



Distance Learning Course Reviewer Form

Upon completion of the course, review and submit this evaluation form to the provider.

Date: _____

Course title _____

Author(s) _____

Provider organization _____

Reviewer's name _____

Occupation _____

Affiliation/company _____

Email _____

Amount of time to complete course: _____ hrs

(Excluding exam time, breaks, lunch or repeat viewing of material.)

Please indicate 'Yes' or 'No' to each of the following questions:

Was the content scientifically accurate and educationally sound?

Were the objectives well-defined and accomplished in the course?

Was the content delivered in an organized and cohesive way?

Was the content up to date and professionally presented?

Did the content include practical applications for use by fitness professionals?

Was the content well-documented with adequate references and/or bibliography?

Was the quiz a valid tool for measuring the amount of knowledge gained from the course?

Were the requirements for the course completion explained well?

Would you recommend that American Council on Exercise recognize this course for continuing education?

Why/Why not?

(800 character max)

Comments/recommendations to Author/Provider:

(800 character max. If preferred, you may attach a Word Document.)

By signing this, I agree that I have personally reviewed this course _____