APLAR-EULAR SCHOOL OF RHEUMATOLOGY (ESOR)
Program Grant
Post-Event Documentation Form

Please complete and submit this form to APLAR Office at secretariat@aplar.org within 2 weeks of completion of course or upon request.

Name of Recipient : ____________________________________________

I certify that:
To the best of my knowledge all details provided in this form and in any supporting documentation are true and complete in accordance with these grant rules.

Signature of applicant/authorized representative : _______________________
Name of applicant/authorized representative : _______________________
Job title : ____________________________________________
Submission date : ____________________________________________
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PART A – ON-LINE COURSE OR LIVE COURSE OR MEETINGS ATTENDED

☐ I attended an ESOR meeting

Please attach the final agenda of the meeting with this form

Meeting Title

__________________________

Date of meeting : ____________________________
Duration of meeting : ____________________________
Location of meeting : ____________________________

☐ I enrolled in an Online Course or Live Course

Please indicate which ESOR Online Course or Live Course you have chosen.

__________________________

Please provide a summary of any changes from information provided during the application process

__________________________
PART B – POST-TRAINING EVALUATION RESULTS

1. Did you use the EULAR School app? Please insert ✓ on the following tools that you have used.

☐ EULAR Recommendations
☐ Lay Versions of the EULAR Recommendations
☐ Outcome Measure Library - incl. calculators
☐ Classification Criteria for RMDs
☐ EULAR Pocket Primer on RMDs (condensed version of 2015 edition Textbook on Rheumatic Diseases)
☐ EULAR Pocket Primer on RMDs (Spanish Version)
☐ Ultrasound Scanning Guide
☐ Imaging Library

2. Each Online course or Live course should include an assessment of the effectiveness of the module(s) used by asking participants to complete an examination after the event.

- Please attach the certificate of completion of the examination if available.
- Please provide explanation if you did not attempt the examination or unable to complete the course that you have enrolled.
3. Please provide a brief summary of the knowledge gained that would improve your research or clinical care.


4. Would you enroll in other Online Course or Life course in the future?

   [ ] Yes  [ ] No  [ ] Unsure

If you would conduct this training again, which of the Online Course or Life course would you use?


5. Please share with us any comments, feedback, or suggestions that you or your participants have about core training modules

