



American Council on Exercise®

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Distance Learning Course Review Form

Please type or print clearly.

Date _____

Course Title _____

Author(s) _____

Provider organization _____

Reviewer's name _____

Occupation _____

Affiliation/company _____

Daytime phone (_____) _____ E-mail _____

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

Amount of time to complete course: _____ hours
(Excluding exam time, breaks, lunch or repeat viewing of material.)

Please circle your answer to the following questions:

- Y N Were the materials scientifically accurate and educationally sound?
Y N Were the behavioral objectives well-defined and accomplished in the course?
Y N Was the material delivered in an organized and cohesive way?
Y N Did the material include practical applications for use by fitness professionals?
Y N Was the material well-documented with adequate references and/or bibliography?
Y N Was the post-completion examination a valid tool for measuring the amount of knowledge gained from the course?
Y N Were the requirements for course completion explained well?
Y N Would you recommend that the American Council on Exercise recognize this course for continuing education credits? _____

Why or why not? _____

Comments/recommendations to Author/Provider (If preferred, you may attach a Word document.)

