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|---------------------|--|
| Date | |
| Location | |
| CE Topic | |
| Speaker Name | |

Participants must complete and sign this evaluation form to receive a CE certificate for this educational program.

Ratings

Knowledge of Subject Matter

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Quality of Presentation

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Content Relevance to my Practice

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Objectives Stated and Met

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Communication/Questions Addressed

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Length Appropriate for Content

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Overall Rating

- Outstanding
 Good
 Adequate
 Needs improvement
 Poor
 N/A

Comments:

Evaluation

Additional Comments/Ways to Enhance Offering/Request for Future Topics

Name: Email:

I am a:
 SW
 RN
 LPN
 LCPC
 NHA
 Other:

Phone Number:

Thank you!