

WEBCAST OR TAPE

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
Program Evaluation**

Title
Caring for the Arthritic Patient

Participant Name: _____ RN LPN SW Other _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Available Subject Matter Expert: _____

Shade in the circle under the number you think best evaluates this educational offering using the following scale: 5=very useful; 4=useful; 3=average; 2=not useful; or 1=unacceptable.

	5	4	3	2	1
Teaching Effectiveness of Presenter(s):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Objectives:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in viewing: _____

I attest that I viewed at least 85% of this program: _____ Date viewed: _____

Participant's Signature

Note: The completed evaluation and sign-in sheet should be mailed to: Kristi Mitchell, Bureau of Professional and Support Services, Alabama Department of Public Health, P.O. Box 303017, Montgomery, AL, 36130-3017 or fax to (334) 206-3869. **Out-of-state participants should include \$20 for each person requesting continuing education credit.**