



Top Infection Prevention and Control Deficiencies in Post-Acute Care Settings

Name:

Email:

1. What 2 things will you change in your practice as a result of this webinar?

1.

2.

2. The content expanded my knowledge of the topic. (Rate 1 lowest to 5 highest)

1 2 3 4 5

3. The content was related to my job. (Rate 1 lowest to 5 highest)

1 2 3 4 5

4. The instruction material was well organized. (Rate 1 lowest to 5 highest)

1 2 3 4 5

5. The content was consistent with the objectives. (Rate 1 lowest to 5 highest)

1 2 3 4 5

6. The presenter demonstrated mastery of the topic. (Rate 1 lowest to 5 highest)

1 2 3 4 5

7. The program was free of commercial bias. (Rate 1 lowest to 5 highest)

1 2 3 4 5

By signing this form, I verify that I watched the entire webinar and it is worth 1 Contact Hour.

Signature (completed webinar)

Date (completed webinar)

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