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ATTENDANCE VERIFICATION FORM

SERVING HASIDIC AND ULTRA-ORTHODOX COMMUNITIES

July 14, 2009

Instructions: To receive continuing education credit, complete this form and the program evaluation form. **Submit them together by fax to Mary Grace Pagaduan at 212-629-3321 by Friday, July 31, 2009.** Both forms must be received together in order to receive credit. Respondent's information will be held confidential.

TITLE/DEGREE: MD DO RN NP PA RT

OTHER _____

THE ADDRESS PROVIDED BELOW IS MY WORK HOME ADDRESS:

 First Name Last Name

 Agency Name (if Applicable)

 Street

 City, State, Zip Code

 Email Address ()
 Telephone Number

Each physician/practitioner should claim only the actual time spent in each session.

Scheduled Hour(s)	2:00 - 3:00 pm	What type of credit are you requesting? Please check ONLY one:	
Maximum Credit Hour(s)	1.0		<input type="checkbox"/> CME Credit <input type="checkbox"/> Nursing Contact Hour(s)
Actual Hour(s) of Attendance			<input type="checkbox"/> Certificate of Attendance

Program ID: 13024



PROGRAM EVALUATION

Program Title: Serving Hasidic and Ultra-Orthodox Communities Program ID: 13024 Date: 7/14/09

PLEASE RATE THE PRESENTATION ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST):

Circle your answers

Table with 6 main rows and 5 sub-rows (a-c). Columns: Question, Poor, Fair, Good, Very Good, Excellent.

PLEASE RESPOND TO THE FOLLOWING (print your answers):

7. The most useful part of the presentation was:

Two horizontal lines for writing the answer to question 7.

8. The least useful part of the presentation was:

Two horizontal lines for writing the answer to question 8.

9. As a result of attending this presentation, I plan to:

Two horizontal lines for writing the answer to question 9.

10. The mix of theory and skill practice at this presentation was:

- checkbox too much theory, checkbox too much practice, checkbox a good mix of both

PLEASE RATE THE FACILITATOR(S) ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST):

Circle your answer for each facilitator on the line indicated.

11.	I felt the facilitator(s):	Name	Disagree					Agree
a.	Knew the subject matter thoroughly.	<u>Shera Dubitsky, M.Ed</u>	1	2	3	4	5	
b.	Presented the information clearly.	<u>Shera Dubitsky, M.Ed</u>	1	2	3	4	5	
c.	Provided opportunities for participation.	<u>Shera Dubitsky, M.Ed</u>	1	2	3	4	5	
d.	Provided opportunities for questions.	<u>Shera Dubitsky, M.Ed</u>	1	2	3	4	5	
e.	Was able to hold my attention.	<u>Shera Dubitsky, M.Ed</u>	1	2	3	4	5	
f.	Extent to which the teaching methods were effective.	<u>Shera Dubitsky, M.Ed</u>	1	2	3	4	5	

12. What changes would you recommend for improving this presentation?

13. What additional presentations would you like to attend in the future?

14. Please rate your experience using this web-based training forum by visiting www.cicatelli.org/evals. Thank you.

15. Additional comments:

IF YOU ARE REQUESTING CONTINUING EDUCATION CREDIT, PLEASE RESPOND TO THE FOLLOWING:

1. What is your medical profession?

- MD DO APN/NP PA
 RN PhD Other (please specify) _____

2. Continuing Education presentations “must be free of commercial bias for or against any product.” In your opinion, was this program fair, balanced and free of commercial bias? Yes No

3. What percentage of the material presented is new to you?

- 0% 20% 40% 60% 80% 100%

4. After attending this presentation, will you make any changes to your practice? Yes No

5. If yes, explain how:

6. If no, list the barriers that affect change in your practice:

Thank you for completing the Program Evaluation.