10270

ESRD Network of Texas, Inc. (NW #14)
Immunization Webinar
September 27 , 2011

After viewing the presentation, print, complete this evaluation form and fax to

972-996-0396

DO NOT SUBMIT THIS EVALUATION TO ANY OTHER FAX NUMBER!

Social Worker CEU certificates will be emailed

Attendees Name:

Do not write outside the box and do not use hyphens in name.

Credentials:

Email address:

Facility Name :

CMS *Medicare* Provider Number: → Use your 6 digit # 45XXXX or 67XXXX

1. The Objectives for this webinar were clearly stated.

○ Strongly agree ○ Agree ○ Neither agree or disagree ○ Disagree ○ Strongly disagree

2. The information presented in the webinar provided information that I can use to educate my patients and staff.

○ Strongly agree ○ Agree ○ Neither agree or disagree ○ Disagree ○ Strongly disagree

3. As a result of this webinar, I will be able to discuss with my patients the importance of immunizations.

○ Strongly agree ○ Agree ○ Neither agree or disagree ○ Disagree ○ Strongly disagree

4. The information provided on immunizaiton resources is something I will use in the education process.

○ Strongly agree ○ Agree ○ Neither agree or disagree ○ Disagree ○ Strongly disagree

5. The information in this webinar will assist in our facility in overcomming vaccination barriers.

○ Strongly agree ○ Agree ○ Neither agree or disagree ○ Disagree ○ Strongly disagree

Written comments will not show up on this evaluation; however should you have any written comments, please send to Andrea Fichtner via email at afichtner@nw14.esrd.net.

Thank you for your participation!

ESRD Network of Texas, Inc.
4040 McEwen Rd. #350, Dallas, TX 75244
info@nw14.esrd.net * www.esrdnetwork.org