



ESRD Network of Texas, Inc. (NW #14)
 VocRehab Webinar presented by DARs Representatives
 October 13, 2011

After viewing the presentation, print, complete this evaluation form and fax to
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Social Worker CEU certificates will be sent after October 17, 2011

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.

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 eligibility requirements for Vocational Rehabilitation Services.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

4. The barriers to a patient's ability to receive Vocational Rehabilitation Services were identified and discussed.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

5. The information on the resources available to educate patients on Vocational Rehabilitation Services was beneficial.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

NPR or Patient signature

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

Thank you for your participation!