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Social Worker CEU certificates will be sent after May 30, 2012

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 who Network 14 is and their responsibilities to dialysis facilities and ESRD patients.

Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

4. The information on the Patient Advisory Committee (PAC) was informative and will help me educate patients.

Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

5. Having your facility NPR or another patient with you to watch this webinar was beneficial.

Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

Network Patient Representative (NPR) 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](mailto:akoenig@nw14.esrd.net).

**Thank you for your participation!**