PROGRAM EVALUATION

Participant’s Name:       Date: 2/23/23

License Number & State:

Participants Email:

Program Title: What Home-Based Care Leadership Needs to Know in 2023

Ability to meet course objectives were met: Yes [ ]  No [ ]

The subject matter was specific to outline: Yes [ ]  No [ ]

The information presented was current to meet your needs: Yes [ ]  No [ ]

The information was presented in an effective manner: Yes [ ]  No [ ]

The information presented was educationally appropriate: Yes [ ]  No [ ]

The program has met your professional needs: Yes [ ]  No [ ]

 The program was appropriate in length: Too Long Adequate Too Short

 [ ]  [ ]  [ ]

Please list any topics that you would like to have presented in the future for continuing education:

Please list any additional comments about the program, instructor(s), or the facility

**\*\**Required to receive credit*\*\* I certify that I participated in and attended the entire session of the following web cast course on this date. Submitting a false or fraudulent certificate of completion to the Board may subject any application for a license to denial, and any issued license to suspension or revocation. Signature**