Building Collegiality

Earn 1 Contact Hour NOW!

Registration/Answer Form #384

LEARNER FEEDBACK QUESTIONS
1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D

EVALUATION
1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E

How many minutes did you need to complete this CE offering?
Minutes:

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Date: __________________________ Signature (required): __________________________

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JOB TITLE that best describes your position (fill in just one circle completely)

RN   LPN
☐ Nursing School Student
☐ RN
☐ LPN
☐ Grad. date / __/ __
☐ Senior
☐ Non-Senior (Digital Only)
☐ Nursing School

PRACTICE SETTING that best describes your setting (fill in just one circle completely)

☐ Ambulatory
☐ Cardiac
☐ Case Management
☐ Chemical Dependency
☐ Clinical Specialist
☐ Critical Care
☐ CRNA
☐ Dermatology
☐ Dialysis
☐ Education
☐ ED/ER
☐ Geriatrics/LTC
☐ Gyn/Ob
☐ Home Health
☐ Hospice
☐ ICU
☐ Infection Control
☐ Iv Therapy
☐ Managed Care
☐ Management
☐ Administrative
☐ Psychiatric
☐ Maternal/Child
☐ Public Health

EXAMPLE

RN01

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