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**CE Program & Learning Evaluation Form**

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| **Participant Name:** |  |
| **Program Title:** | The Organ Donation Process: Standards of Practice |
| **Date:** | February 29, 2024 |

To evaluate the effectiveness and quality of this program please supply the following information.

Use a rating scale of 1 to 3: where **1 = Agree; 2 = Neutral; and 3 = Disagree.** For items that cannot be rated, indicate **N/A**

1. The program objectives were met. \_\_\_\_\_\_\_\_\_\_

2. The content adequately covered the learning objectives. \_\_\_\_\_\_\_\_\_\_

3. The program met or exceeded my expectations. \_\_\_\_\_\_\_\_\_\_

4. The information presented will enable me to be confident in making decisions about my practice \_\_\_\_\_\_\_\_\_\_

5. Attending this program has increased my level of knowledge on the Organ Donation Process. \_\_\_\_\_\_\_\_\_\_\_

6. Major strengths and/or weaknesses of this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Suggestions to improve this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Please rate each presenter using the rating scale above

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| **Speaker (s) Name** | **Qualified** | **Knowledgeable** | **Organized** | **Effective** |
| Annabel Henry, MSN, RN |  |  |  |  |
| Abraham Warshaw, MD |  |  |  |  |
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**Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_