

AST EDUCATIONAL PROGRAM EVALUATION FORM

Attention State Assembly Contact Person: Keep on file for Annual Report and Audit purposes.

PROGRAM PARTICIPANT: In order to receive credit for this program, you are required to fill out this evaluation form. Your evaluation of programs is important to the individuals of the state assembly who planned the event.

Note: Contact information will be kept confidential by the State Assembly and only be used by authorized State Assembly officers to contact program participants.

Name: _____ Certification Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Program Title: _____

	Excellent	Satisfactory	Unsatisfactory
Accuracy of materials presented			
Relevancy of materials to surgical technology			
Appropriate level of complexity			
Speaker's ability to communicate			
Program furthered knowledge			
Program information will be able to be applied to practice as a surgical technologist			

Comments:

Please indicate CE topics and/or activities you would like to see offered and would meet your needs to further your surgical technology knowledge:
