

# Updating Your Family PACT Provider Enrollment and Profile Program Evaluation

Statewide Webcast

August 31, 2010

**FAX Completed Evaluation to 510-625-9307**

<b>Name (Please Print)</b>					
<b>Primary Responsibility:</b>					
Physician <input type="checkbox"/> NP/PA/CNM (circle one) <input type="checkbox"/> Nurse <input type="checkbox"/> Administrator <input type="checkbox"/> Billing <input type="checkbox"/>					
Front Office <input type="checkbox"/> Back Office <input type="checkbox"/> Health Educator/Counselor <input type="checkbox"/> Other <input type="checkbox"/>					
a. Information was new to me				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Information was relevant to my work				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:					
<b>2. Please rate your ability or knowledge before and after this course</b>					
a. Describe what information needs to be updated in the Medi-Cal Provider Profile.					
	<b>low</b>			<b>high</b>	<b>n/a</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Before the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify what types of changes require a new or re-enrollment as a Family PACT provider.					
	<b>low</b>			<b>high</b>	<b>n/a</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Before the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognize why accurate provider information and enrollment is important.					
	<b>low</b>			<b>high</b>	<b>n/a</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Before the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Overall Evaluation</b>					
a. Please rate the entire course	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
b. Please rate the usefulness of course materials and resources	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
c. Please rate the web-based format of this course	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
d. Please rate the registration process	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
e. Please rate your impression of the speaker (below)					
<b>Robert Shorter, OFP/Health Program Specialist I</b>	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
As a result of this course I will:					
This course could be improved by:					