

Program Overview and Provider Enrollment Program Evaluation

Statewide Webcast

January 5, 2010

FAX Completed Evaluation to 510-625-9307

Name (Please Print)					
Primary Responsibility:					
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:					
2. Please rate your ability or knowledge before <u>and</u> after this course					
a. Describe the key components of the Family PACT program.					
	low			high	n/a
	1	2	3	4	
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. Describe circumstances that require current providers to re-enroll.					
	low			high	n/a
	1	2	3	4	
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. Accurately complete an enrollment application.					
	low			high	n/a
	1	2	3	4	
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"/>
3. Overall Evaluation					
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 speakers					
Mari Taylan-Arcoleo, MPH OFP/Health Program Specialist II	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
Robert Shorter OFP/Health Program Specialist I	<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:					