

# Evidence-Based Electrical Stimulation

(3 CE HOURS)

## COURSE EVALUATION

Learner Name: \_\_\_\_\_

|   | Disagree |   | Agree |   |   |     |
|---|----------|---|-------|---|---|-----|
| Orientation was thorough and clear  | 1        | 2 | 3     | 4 | 5 |     |
| Instructional personnel disclosures were readily available and clearly stated | 1        | 2 | 3     | 4 | 5 |     |
| Learning objectives were clearly stated                                       | 1        | 2 | 3     | 4 | 5 |     |
| Completion requirements were clearly stated                                   | 1        | 2 | 3     | 4 | 5 |     |
| Content was well-organized  | 1        | 2 | 3     | 4 | 5 |     |
| Content was at or above entry-level knowledge                                 | 1        | 2 | 3     | 4 | 5 |     |
| Content was substantiated through use of references, footnotes, etc.          | 1        | 2 | 3     | 4 | 5 |     |
| Content reflected stated learning objectives                                  | 1        | 2 | 3     | 4 | 5 |     |
| Exam assessed stated learning objectives                                      | 1        | 2 | 3     | 4 | 5 |     |
| Exam was graded promptly  | 1        | 2 | 3     | 4 | 5 |     |
| Satisfied with learning experience  | 1        | 2 | 3     | 4 | 5 |     |
| Satisfied with customer service (if applicable)                               | 1        | 2 | 3     | 4 | 5 | n/a |

What suggestions do you have to improve this program, if any?

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What educational needs do you currently have?

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What other courses or topics are of interest to you?

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