

CTAAP 2012 Teleconference Series
Using Mobile Apps to Improve Practice Efficiency
and Patient Communication
Tuesday, October 16th, 2012

Evaluation Form

Name: _____

MD____ PA____ APRN____ RN____ LPN____ Other____

Practice/Organization: _____

Mailing Address: _____

Check the box that most accurately expresses your response to the statements.

	<i>Strongly Agree 1</i>	<i>Agree 2</i>	<i>Uncertain/ No opinion 3</i>	<i>Disagree 4</i>	<i>Strongly Disagree 5</i>
The teleconference kept my interest.					
The speaker knew his subject.					
The quality of the presentation was good.					
The organization of the presentation was good.					
The PowerPoint materials were good.					

Suggestions for improvement: _____

Suggestions for future topics: _____

Please return this form to Yvette Moretti at [Yvette.ctaap@gmail](mailto:Yvette.ctaap@gmail.com) or fax it to 860-727-9863 by October 19th, 2012.