Alabama Department of Public Health Bureau of Professional and Support Services Program Evaluation

Zika Virus: Information for Clinicians

ASNA Number 5-91.16.15 Original Broadcast Date 3/17/2016 Expires: 3/31/2017

Please complete the following:	
1.	I have achieved my personal objectives for attending today's program:
	Yes
	No
	If no, what could we have provided to enable you to meet your personal objectives?
2.	List two things learned today that you can incorporate into your daily practice or job duties:
3.	What other programs would you attend if offered?