

Alabama Department of Public Health
Bureau of Professional and Support Services
Program Evaluation
Team-based Care for Diabetes and Hypertension
ASNA Number 5-91.16.25

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?