

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Program Evaluation Summary

Title: What You May Not Know about The Practice Nurse Act and Alabama Board of Nursing

Date Viewed: _____

County or Area: _____

Up-load Staff Member: _____

ASNA Number: 5-91.525 ABN Provider Number: ABNP0387

| | | | | | |
|---|----------|----------|----------|----------|----------|
| Discipline: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> SW <input type="checkbox"/> RD <input type="checkbox"/> Other _____ | | | | | |
| | 5 | 4 | 3 | 2 | 1 |
| Teaching Effectiveness of Presenter(s): | — | — | — | — | — |
| Course Content Objectives Met: | — | — | — | — | — |

List one thing you will do differently as a result of this training (list each entry made on the original evaluation):

Other education programs you would be interested in viewing (list each entry made on the original evaluation):