Alabama Department of Public Health Office of Clinical Management and Practice Program Evaluation

Tele-behavioral Health-Clinical and evidence Based Interventions (Part 3)

ASNA Number 5-91.19.43

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?