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**PLEASE DO NOT USE A FAX COVER PAGE**

**ATTN: BRIGID BETANCOURT**

Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

## ATTENDANCE VERIFICATION

### FAST TRACK: INCREASING ACCESS TO REPRODUCTIVE HEALTH CARE SERVICES FOR ADOLESCENTS BY IMPLEMENTING EVIDENCED-BASED PROTOCOLS

April 2, 2009

**Instructions:** To receive continuing education credit, complete this form and the evaluation form. **Submit them together by fax to Brigid Betancourt at 212-629-3321 by Friday, April 17, 2009.** This verification form and evaluation form must be received together in order to receive credit. Respondent's information will be held confidential.

TITLE/DEGREE: MD  DO  RN  NP  PA  RT

OTHER \_\_\_\_\_

THE ADDRESS PROVIDED BELOW IS MY  HOME  WORK ADDRESS:

\_\_\_\_\_  
 First Name Last Name

\_\_\_\_\_  
 Agency Name (if applicable)

\_\_\_\_\_  
 Address City, State, & Zip

\_\_\_\_\_  
 Email Address ( ) Telephone Number

<b>Scheduled Hour(s)</b>	12:00 - 1:00 pm
<b>Maximum Credit Hour(s)</b>	1.0
<b>Actual Hour(s) of Attendance</b>	

**What type of credit are you requesting?  
Please check ONLY one:**

CME Credit                       Nursing Contact Hour(s)  
 Certificate of Attendance

Program ID: 12938

## PROGRAM EVALUATION

Program Title: Fast Track: Increasing Access to Reproductive Health Care Services For Adolescents by Implementing Evidenced-Based Protocols

Program ID: 12938

Date: 4/2/09

PLEASE RATE THE PRESENTATION ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST):

*Circle your answers*

		Poor	Fair	Good	Very Good	Excellent
1.	To what extent did the presentation meets its stated objectives:					
	a. Discuss current evidenced-based screening criteria for cervical pathology and sexually transmitted infections.	1	2	3	4	5
	b. Review procedures for utilizing the "Quick Start" method for initiation of hormonal birth control.	1	2	3	4	5
	c. Consider the importance of integrating new ways of delivering clinical services to enhance patient access and outcomes to further public health goals to reduce unintended pregnancy.	1	2	3	4	5
2.	To what extent did the objectives relate to the overall purpose?	1	2	3	4	5
3.	Your satisfaction with your level of participation during the presentation.	1	2	3	4	5
4.	Usefulness of the instructional materials.	1	2	3	4	5
5.	Degree to which this was a good learning experience.	1	2	3	4	5
6.	Overall satisfaction with the presentation.	1	2	3	4	5

PLEASE RESPOND TO THE FOLLOWING (print your answers):

7. The most useful part of the presentation was:

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8. The least useful part of the presentation was:

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9. As a result of attending this presentation, I plan to:

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10. The mix of theory and skill practice at this presentation was:

too much theory

too much practice

a good mix of both

PLEASE RATE THE FACILITATOR(S) ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST):

*Circle your answer for each facilitator on the line indicated.*

II.	I felt the facilitator(s):	Name	Disagree					Agree
	a. Knew the subject matter thoroughly.	<u>Ruth Lesnewski, MD, MS</u>	1	2	3	4	5	
	b. Presented the information clearly.	<u>Ruth Lesnewski, MD, MS</u>	1	2	3	4	5	
	c. Provided opportunities for participation.	<u>Ruth Lesnewski, MD, MS</u>	1	2	3	4	5	
	d. Provided opportunities for questions.	<u>Ruth Lesnewski, MD, MS</u>	1	2	3	4	5	
	e. Was able to hold my attention.	<u>Ruth Lesnewski, MD, MS</u>	1	2	3	4	5	
	f. Extent to which the teaching methods were effective.	<u>Ruth Lesnewski, MD, MS</u>	1	2	3	4	5	

	a. Knew the subject matter thoroughly.	<u>Caroline Hewitt, RNC, NP</u>	1	2	3	4	5
	b. Presented the information clearly.	<u>Caroline Hewitt, RNC, NP</u>	1	2	3	4	5
	c. Provided opportunities for participation.	<u>Caroline Hewitt, RNC, NP</u>	1	2	3	4	5
	d. Provided opportunities for questions.	<u>Caroline Hewitt, RNC, NP</u>	1	2	3	4	5
	e. Was able to hold my attention.	<u>Caroline Hewitt, RNC, NP</u>	1	2	3	4	5
	f. Extent to which the teaching methods were effective.	<u>Caroline Hewitt, RNC, NP</u>	1	2	3	4	5

12. What changes would you recommend for improving this presentation?

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13. What additional presentations would you like to attend in the future?

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14. Please rate your experience using this web-based training forum by visiting [www.cicatelli.org/evals](http://www.cicatelli.org/evals). Thank you.

15. Additional comments:

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PLEASE RESPOND TO THE FOLLOWING ONLY IF YOU ARE REQUESTING A NURSING OR CME CERTIFICATE:

1. What is your medical profession?

MD  
 RN

DO  
 PhD

APN/NP

PA

Other (please specify) \_\_\_\_\_

2. Continuing Education presentations "must be free of commercial bias for or against any product." In your opinion, was this program fair, balanced and free of commercial bias?  Yes  No

3. What percentage of the material presented is new to you?

0%

20%

40%

60%

80%

100%

4. After attending this presentation, will you make any changes to your practice?

Yes

No

5. If yes, explain how:

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6. If no, list the barriers that affect change in your practice:

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