

PARTICIPANT EVALUATION

Neurobiology of Trauma

Please assist us in evaluating this conference by completing this form. Your input will be used in planning future offerings.

This continuing nursing education activity was approved for 1.0 contact hours by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91).

Approval ONA#: 2020-0000000122

*This course is approved by the Michigan Social Work Continuing Education Collaborative-Approval #
The Collaborative is the approving body for the Michigan Board of Social Work*

This program has been pre-approved by the Commission for Case Manager Certification to provide continuing education credit to Certified Case Managers (CCMs). Activity Code: S00041321 Approval #: 200136229

Successful Completion: To receive contact hours, participants must attend the entire program and complete an evaluation for this presentation. Please return your completed evaluation forms to the registration desk.

Conflicts of Interests: All activity planners for this presentation report no relevant financial relationships with commercial interests.

Expiration: The date for this educational activity is November 19 2019. No contact hours will be awarded to participants who submit evaluation forms after this date. Please contact Sue Vos at CMSA-GGRK with questions or phone at 616.292.5774.

OBJECTIVES

		YES	NO
1.	I have increased understanding of the impact of trauma related to neurobiological changes		
2.	Review of guidelines to include in the care plan for an individual who has witnessed or been in a traumatic event.		
3.	Identify best practices when caring for a person that has witnessed or undergone a traumatic event		

Using this scale, rate each presenter by circling the appropriate number: 4=Excellent, 3=Good, 2=Satisfactory, 1=Unsatisfactory

Presenter: Brenne Wade MSN RN	Teaching Expertise				Appropriateness of Teaching Strategies			
	4	3	2	1	4	3	2	1
How will this affect your current practice?								
Comments / Suggestions for Future Offerings related to presentations (for facility input please see below):								

Using this scale, rate each event amenity by circling the appropriate number: 4=Excellent, 3=Good, 2=Satisfactory, 1=Unsatisfactory

	4	3	2	1
Geographic Location	4	3	2	1
Facilities / Amenities offered	4	3	2	1
Vendor Exhibit Area	4	3	2	1
Vendor Drawing Format	4	3	2	1
Would You Attend A Conference At This Location Again?	4	3	2	1
Please provide any additional comments, as they will be used to communicate issues, concerns and ideas to the board.				

Please provide input on the format of this event: