

Course Evaluation

PA Chapter American Academy of Pediatrics

Please Print Legibly and Complete All Information Below

Name _____ Degree _____
 Social Security Number (last 5 digits only): XXX-X __-__-____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Email _____
 I request PA Keys to Professional Development Credit PA Keys Registry ID number ____ _ ____ _ ____ _
 I request Act 48 Credits Professional Personnel ID Number (PPID) _____

Course ID: 299

Date of Activity: March 17, 2016

Course Title: Promoting and Supporting Breastfeeding

Location: Webinar

	I am an MD/DO:	Yes	No						
		O	O		Very Low	Low	Moderate	High	Very High
1. To what extent were you satisfied with the overall quality of the educational activity?		O	O		O	O	O	O	O
2. To what extent was the content of the program relevant to your work?		O	O		O	O	O	O	O
3. To what extent will you make a change in your work as a result of participation in this activity?		O	O		O	O	O	O	O
4. To what extent did the activity present scientifically rigorous, unbiased and balanced information?		O	O		O	O	O	O	O
5. To what extent were the speakers' presentations free of commercial bias?		O	O		O	O	O	O	O
6. As a result of participation in this activity, I am able to identify reasons to support breastfeeding. <i>(how will this improve my competence)</i> _____		O	O		O	O	O	O	O

7. As a result of participation in this activity I am able to describe rationale and practice for paced bottle-feeding <i>(how did this increase my knowledge)</i> .		O	O		O	O	O	O	O

8. As a result of participation in this activity, I am able to explain benefits to my program when staff are supported to breastfeed <i>(how will this improve my work)</i> _____		O	O		O	O	O	O	O

9. As a result of participation in this activity I am able to identify breastfeeding resources in my community.		O	O		O	O	O	O	O
10. Please list any changes in practice that you may make as a result of participation in this activity. _____		O	O		O	O	O	O	O
