

Course Evaluation

PA Chapter American Academy of Pediatrics

PA AAP-ECELS
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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) _____

Date of Activity: November 9, 2016

Course Title: Health and Safety: Our Priority

Location: Webinar

		Very Low	Low	M o d e r a t e	High	Very High
1.	To what extent were you satisfied with the overall quality of the educational activity?	0	0	0	0	0
2.	To what extent was the content of the program relevant to your work?	0	0	0	0	0
3.	To what extent will you make a change in your work as a result of participation in this activity?	0	0	0	0	0
4.	To what extent did the activity present scientifically rigorous, unbiased and balanced information?	0	0	0	0	0
5.	To what extent were the speakers' presentations free of commercial bias?	0	0	0	0	0
6.	As a result of participation in this activity, I am able to explain ECELS as a resource for certification staff and programs I supervise (<i>how will this improve my competence</i>). _____ _____	0	0	0	0	0
7.	As a result of participation in this activity I am able to list common hazards in active play environments and tools to correct them (<i>how did this increase my knowledge</i>). _____ _____	0	0	0	0	0
8.	As a result of participation in this activity, I am able to identify current recommendations of the American Academy of Pediatrics for safe sleep for infants and prevention of Sudden Infant Death Syndrome (<i>how will this improve my work</i>). _____ _____	0	0	0	0	0
9.	As a result of participation in this activity I am able to Improve medication storage, administration, and documentation procedures.	0	0	0	0	0
10.	Please list any changes in practice that you may make as a result of participation in this activity. _____ _____					