

HCCA



HEALTH CARE
COMPLIANCE
ASSOCIATION

***HCCA 2007 Compliance
Institute
April 22-25, 2007
Chicago, IL
SESSION EVALUATION FORM***

HCCA



COMPLIANCE
INSTITUTE
April 22-25, 2007
www.compliance-institute.org
(888) 580-8373

**109 – CMS Session
Monday, April 23, 2007/10:15 am – 11:15 am/Chicago 6**

**PLEASE INDICATE YOUR RESPONSE TO THE FOLLOWING QUESTIONS
BY MARKING THE APPROPRIATE BOX ON THE RIGHT**

Kim Brandt

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lisa Eggleston

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
HANDOUTS WERE INFORMATIVE AND EASY TO USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MY EDUCATIONAL GOALS RELATED TO THE TOPIC WERE MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I WOULD ATTEND A SESSION ON THIS TOPIC IN THE FUTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRIEFLY DESCRIBE THE MOST SATISFYING FEATURES OF THE SESSION:

BRIEFLY DESCRIBE THE LEAST SATISFYING FEATURES OF THE SESSION: