

# 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

### **509 – Overview of Stark & Anti Kickback Tuesday, April 24, 2007/10:15 am – 11:15 am/Chicago 8 & 9**

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

**Kathy Lauer**

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|   | 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,<br>AND UNDERSTANDABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Raja Sekaran**

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|   | 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,<br>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: