Evaluation Form

Complete the following (please print)

Name: _________________________________________________________________
Address: ___________________________________________________________________
City: _____________________________________________________________________
Telephone: ___________________________ Email: ________________________________

Payment: ANNA Member: ____ Yes ____ No Member #: _________________________
☐ Check enclosed  ☐ American Express  ☐ Visa  ☐ MasterCard
Total Amount Submitted: ____________________________
Credit Card Number: ___________________________ Exp. Date: ________________
Name as it appears on the card: ________________________________

1. I verify I have completed this activity. ☐ Yes ☐ No ____________________________

2. The learning outcome could be achieved using the content provided. ☐ Yes ☐ No

3. I am more confident in my abilities since completing this education activity. ☐ Yes ☐ No

4. The content was relevant to my practice. ☐ Yes ☐ No ____________________________

5. Commitment to change practice (select one).
   ☐ I will make a change to my current practice as the result of this education activity.
   ☐ I am considering a change to my current practice.
   ☐ This education activity confirms my current practice.
   ☐ I am not yet convinced that any change in practice is warranted.
   ☐ I perceive there may be barriers to changing my current practice.

6. What information from this education activity do you plan to implement in practice? What barriers are there to changing your current practice?

___________________________________________________________________________

___________________________________________________________________________

7. This was an effective method to learn this content.  1  2  3  4  5

8. This education activity was free of bias, product promotion, and commercial interest influence. ☐ Yes ☐ No

9. If no, please explain: ______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

* Commercial interest — any entity either producing, marketing, reselling, or distributing healthcare goods or services consumed by
or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or
services consumed by or used on patients. Exceptions are nonprofits, government, and non-healthcare-related companies.

Contemporary Nephrology Nursing

Accreditation Statement

This offering for 1.5 contact hours (includes 1.5 pharmacology hours) is provided by the American Nephrology Nurses Association.

American Nephrology Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ANNA is a provider approved by the California Board of Registered Nursing, provider number CEP 00910.

This article was reviewed and formatted for contact hour credit by Sandra M. Bodin, MA, RN, CNN, Contemporary Nephrology Nursing editor, and Sally S. Russell, MN, CMSRN, Director of Education Services, American Nephrology Nurses Association.

Statement of Disclosure

The authors reported no actual or potential conflict of interest in relation to this continuing nursing education activity.