Evaluation Form

1.2 Contact Hours — Expires: April 1, 2020

Contemporary Nephrology Nursing
Chapter 29
Supportive Care of Patients with Chronic Kidney Disease

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: _______________________________________

Evaluation Form

(All questions must be answered to complete the learning activity. Longer answers to open-ended questions may be typed on a separate page.)

1. I verify I have completed this activity. □ Yes □ No ____________________ SIGNATURE

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?
   __________________________________________________________________________
   __________________________________________________________________________

   Strongly Disagree (Circle one) Strongly Agree
   1  2  3  4  5

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
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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.