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Complete the following (please print)

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   1   2   3   4   5
   Strongly Agree       (Circle one)

7. This was an effective method to learn this content.  
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.

Evaluation Form

Statement of Disclosure

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