Evaluation Form

Contemporary Nephrology Nursing
Chapter 37
The Wearable Artificial Kidney

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?

______________________________

CNE Statement

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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.

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