

Course Sponsor: Smith Seminars  
 Course Title: Emergency Preparedness

**Part 1: Teaching Effectiveness of the Presenter(s)**

Please rate the teaching effectiveness of the presenters using the scale below:

1 = Poor    2 = Fair    3 = Good    4 = Excellent    5 = Superior

Presenters (in program order)	Teaching Effectiveness			
	Organization	Delivery	Content	Audio Visual
<b>Course Overview</b> Debra Smith, RRT				

**Part 2: Your Achievement of Educational Objectives**

Please rate the degree to which you believe you achieved the educational objectives for each module by placing a check mark in the appropriate box corresponding to each:

Objectives for each module	I achieved this activity's educational objectives			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Emergency Preparedness				
1. Identify the factors of natural disasters				
2. Become aware of the components man-made disasters				
3. Become familiar with bioterrorism factors and biological warfare agents				
3. Identify pandemic flu infection and prevention factors				
4. Review the role of respiratory care in the disaster response				

**Part 3: Program Integrity**

Indicate your agreement with the following statement by checking the appropriate response:

**The content of this course was presented without bias of any commercial product or drug**

**Strongly Agree** \_\_\_\_\_ **Agree** \_\_\_\_\_ **Disagree** \_\_\_\_\_ **Strongly Disagree** \_\_\_\_\_

Comment:
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Print the Evaluation Form, answer the questions, and fill out personal information.

Submission Method #1 – Fax to us at 972-759-9791

Submission Method #2 - Smith Seminars, PO Box 516, Paradise, TX 76073

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Order Confirmation Number: \_\_\_\_\_

AARC member number \_\_\_\_\_

Licensure State \_\_\_\_\_