

Evaluation Form

Course Sponsor: Smith Seminars
Course Title: Polysomnography and Obstructive Sleep Apnea

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
Coarse Overview Debra Smith, RRT, RCP				
Polysomnography and Obstructive Sleep Apnea Debra Smith, RRT, RCP				

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
Polysomnography and Obstructive Sleep Apnea 1. Understand the importance of polysomnography in diagnosing obstructive sleep apnea. 2. Know the components of polysomnography and the factors monitored. 3. Be aware of the adverse effects of obstructive sleep apnea. 4. Become aware of the possible treatments for obstructive sleep apnea.				

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:

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 _____