

Neonatal Hyperbilirubinemia Post Test Answer Sheet and Evaluation

Name (please print): _____

Home Address: _____
Street City Zip Code

Hospital Affiliation: _____ Dept: _____

Professional Designation: _____ License Number: _____

Please circle

Were the self-paced materials interesting and useful? YES / NO

Was adequate time spent on each subject? YES / NO

Was material presented in an interesting and appropriate manner? YES / NO

Did you increase you knowledge? YES / NO

Will you be able to use the concepts presented? YES / NO

Did audio-visuals enhance the presentation? YES / NO

Was the presentation organized and clear? YES / NO

Did the course meet the stated program objectives? YES / NO

What was the most valuable content given? _____

What was the least valuable content given? _____

Comments: _____

Post Test Answer Sheet

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 12. _____ | 23. _____ |
| 2. _____ | 13. _____ | 24. _____ |
| 3. _____ | 14. _____ | 25. _____ |
| 4. _____ | 15. _____ | 26. _____ |
| 5. _____ | 16. _____ | 27. _____ |
| 6. _____ | 17. _____ | 28. _____ |
| 7. _____ | 18. _____ | 29. _____ |
| 8. _____ | 19. _____ | 30. _____ |
| 9. _____ | 20. _____ | |
| 10. _____ | 21. _____ | |
| 11. _____ | 22. _____ | |

Please return to CEU sponsoring organization.