

# Verification of Session Attendance for Contact Hour History

NAME: AORN AORN  
 (PLEASE PRINT)

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ID NUMBER	0	1	2	3	4	5	6	7	8	9
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**DIRECTIONS:**

1. Darken the entire bubble. NO STRAY MARKS.
2. Use black ballpoint pen or pencil.
3. One response per line.
4. Numbers read left to right 0, 1, 2, 3.....
5. Record the number of the session(s) you attend. Write the number, starting at the top box. Darken bubble that matches the written number.

SESSION NUMBER

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Name — AORN AORN  
Address if not  
AORN member



Association of periOperative Registered Nurses

2170 South Parker Rd, Suite 300 • Denver, CO 80231-5711 • (303) 755-6300 or (303) 755-6304 • [www.aorn.org](http://www.aorn.org)

Event #09123 – Implementing an Infection Prevention Control Program with Changes from Centers for Medicare/Medicaid

August 20, 2009 Houston, TX

**SESSION EVALUATION  
PART II**

Use the Lickert scale to respond to the comments below, with 5 being the highest and 1 being the lowest:

This activity had/will have the following impact:

Increase my knowledge \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 X \_\_\_\_\_ 5

Enhance my competence(put new knowledge into practice) \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 X \_\_\_\_\_ 5

Enhance my performance(clinical practice/teaching) \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 X \_\_\_\_\_ 4 \_\_\_\_\_ 5

Improve patient outcomes \_\_\_\_\_ 1 \_\_\_\_\_ 2 X \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5

I was notified of commercial support/sponsorship through the handouts/slide/announcement/sign.

X Yes \_\_\_\_\_ No

I was notified of the speaker's conflict of interest/absence of conflict of interest as documented in the handout book.

X Yes \_\_\_\_\_ No:

Thank you!

AORN, Center for Perioperative Education

# SESSION EVALUATION

**AORN**  
 2170 S. Parker Road, Suite 300  
 Denver, Colorado 80231-5711  
 (303) 755-6300  
 (800) 755-2676

**DIRECTIONS:**

1. Darken the entire bubble. **NO STRAY MARKS.**
2. Identify the session you are evaluating by writing the session number. Darken the bubble that matches the written number. Start at the top box for each session.
3. Use ballpoint pen or pencil.
4. One response per line.
5. Numbers read left to right 0, 1, 2, 3.....

SESSION NUMBER										SESSION NUMBER										SESSION NUMBER									
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<b>SP 1</b> Expertise of each presenter <b>SP 2</b> <b>SP 3</b> <b>SP 4</b>										<b>SP 1</b> Expertise of each presenter <b>SP 2</b> <b>SP 3</b> <b>SP 4</b>										<b>SP 1</b> Expertise of each presenter <b>SP 2</b> <b>SP 3</b> <b>SP 4</b>									
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<b>SP 1</b> Appropriateness of teaching strategies <b>SP 2</b> <b>SP 3</b> <b>SP 4</b>										<b>SP 1</b> Appropriateness of teaching strategies <b>SP 2</b> <b>SP 3</b> <b>SP 4</b>										<b>SP 1</b> Appropriateness of teaching strategies <b>SP 2</b> <b>SP 3</b> <b>SP 4</b>									
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