5718

Veterans Health Administration
Employee Education System

PROGRAM EVALUATION

COURSE NUMBER: 12.SPC.ST.EP.EPILSEIZAU4.A

ACTIVITY TITLE: POST TRAMATIC EPILEPSY AND TREATMENT

Program Contact HEATHER HOLSHOUSER, SEAN GAMBLE

Contact Email HEATHER.HOLSHOUSER@VA.GOV, SEAN.GAMBLE@VA.GOV

Contact Phone 314-894-6648

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SUBMISSION INSTRUCTIONS

1. Complete this registration and evaluation form within two weeks of completing the activity.
2. **Fax**: (205) 731-1826 - No cover page needed, or
   Mail: Employee Education Resource Center, ATTN: EPC, 950 North 22nd Street, Suite 500, Birmingham, AL 35203.
3. Please allow several business days for receipt of certificate if evaluation is faxed, additional transit time if mailed.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available: EPC by email at **EESEPC@va.gov**, or the
   EES Customer Service by phone at **1.877.EES.1331** option 5 (**1.877.337.1331**).

The following demographic questions (name, title, location, etc.) are asked for the purpose of ensuring you meet the evaluation requirements to obtain course credit and to ensure accurate information is printed on your certificate. Your responses to the evaluation are confidential. The results are reported in summary form and not associated with any individual's responses.

OCCUPATIONAL CATEGORY

- ☐ Administrator
- ☐ Associated/Allied Health
- ☐ Audiologist
- ☐ Licensed Counselor
- ☐ National Certified Counselor
- ☐ Dentist
- ☐ Dietician/Registered Dietician
- ☐ Health Care Executive
- ☐ Nurse/Advanced Practice Nurse
- ☐ Nurse/Registered Nurse
- ☐ Nurse Registered in California
- ☐ Pharmacist
- ☐ Pharmacy Technician
- ☐ Physician
- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Psychologist/Clinical Psychologist
- ☐ Social Worker/Licensed Clinical Social Worker
- ☐ Social Worker Licensed in California
- ☐ Speech Pathologist/Language Pathologist
- ☐ Other Clinical
- ☐ Other Non-Clinical

EMPLOYER CATEGORY

- ☐ VHA
- ☐ VBA
- ☐ NCA
- ☐ VA OTHER
- ☐ DOD
- ☐ IHS
- ☐ OTHER FEDERAL
- ☐ NON FEDERAL

Date Viewed

☐☐ / ☐☐ / ☐☐☐☐

EMAIL ADDRESS (REQUIRED: Certificate will be sent via E-mail):

ACCREDITATION/CERTIFICATE REQUESTED:

Activity must be approved for the certificate type in order for such a certificate to be issued.

- ☐ General/Non-Accredited
- ☐ AAA
- ☐ ACCME
- ☐ ACCME - Non Physician
- ☐ ACHE
- ☐ ACPE
- ☐ ACPE-Technician
- ☐ ADA
- ☐ ANCC
- ☐ APA
- ☐ ASHA
- ☐ ASWB
- ☐ CA BBS
- ☐ CA BRN
- ☐ NBCC
- ☐ CDR

TMS User ID: LASTNAME.FIRSTNAMEmmdd (Note: mm=birth month and dd=birth date

FIRST NAME:

LAST NAME:

VA FACILITY/COMPANY NAME:

I assert that I attended 100% of this program:

PRIVACY ACT STATEMENT

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).
PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.
ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.
MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.

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PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Overall, I was satisfied with this learning activity.	1	2	3	4	5	NA
2. I would recommend this learning activity to others.	1	2	3	4	5	NA
3. The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA
4. I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA
5. The scope of the material was appropriate to my needs.	1	2	3	4	5	NA
6. I found the material in this learning activity to be relevant and up-to-date.	1	2	3	4	5	NA
7. The content was relevant to my job-related needs.	1	2	3	4	5	NA
8. Was the content presented in a manner that was fair and balanced?		Yes	No	NA		
If no, please explain:						
9. Overall, I fully accomplished the learning activity's objectives.	1	2	3	4	5	NA
10. I will be able to apply the knowledge and skills learned to my job.	1	2	3	4	5	NA
11. If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
12. This learning activity will help improve my job performance.	1	2	3	4	5	NA
13. My manager and I set expectations for this learning prior to attending this learning activity.	1	2	3	4	5	NA
14. I feel competent to apply the skills/knowledge I developed during the learning activity.	1	2	3	4	5	NA
15. This learning activity aligns with the business priorities and goals identified by my organization.	1	2	3	4	5	NA
16. I obtained information on the learning activity's logistics (i.e., date, location, time) in a timely manner.	1	2	3	4	5	NA
17. If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA

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18. I became aware of this learning activity from the following media channel(s):	☐ The Weekly Educator mail newsletter ☐ EES Web site - vaww.ees.lrn.va.gov ☐ VA TMS - www.tms.va.gov ☐ VA Learning Catalog – vaww.sites.lrn.va.gov/vacatalog ☐ VA Content Distribution Network – vaww.vakncdn.lrn.va.gov ☐ VA Knowledge Network television programming ☐ Education Fair ☐ E-Mail ☐ Flyer / brochure ☐ Poster ☐ Local Newsletter ☐ Social media (Yammer, internal blog or discussion board, etc.) ☐ I don't know / not applicable Other:

The following questions (19-23) are related to the learning environment of the program you are evaluating. If any of these questions is not relevant to your learning activity, please select N/A.

PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
19. The appropriate technology was utilized to facilitate my learning.	1	2	3	4	5	NA
20. The training environment was conducive to my learning.	1	2	3	4	5	NA
21. I found that the technology in this learning activity was easy to use.	1	2	3	4	5	NA
22. Overall, I was satisfied with the use of technology in this learning activity.	1	2	3	4	5	NA
23. The technology in this learning activity was responsive and provided access to further support.	1	2	3	4	5	NA

24. What about this learning activity was **most useful** to you?	
25. What about this learning activity was **least useful** to you?	
26. How can we improve the learning activity to make it more relevant to your job?	
27. Please provide any additional comments or recommendations concerning the learning activity.	

Thank you for your helpful feedback.

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PROGRAM OBJECTIVES

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Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
describe the current status posttraumatic epilepsy	○	○	○	○	○
describe the pros and cons of prophylactic therapy after head injuries using antiepileptic agents and current treatments	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

We would welcome any comments or recommendations.

Thank you for your helpful feedback.

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FACULTY EVALUATION

COURSE NUMBER: 12.SPC.ST.EP.EPILSEIZAU4.A

PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:

Post Traumatic Epilepsy and Treatment / James Chen	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments