Veterans Health Administration
Employee Education System

COURSE NUMBER: 14.F2F.MA.EPILSEIZAU1.A

PROGRAM EVALUATION

ACTIVITY TITLE: TREATMENT OF ELDERLY WITH EPILEPSY

Program Contact HEATHER HOLSHOUSER, SEAN GAMBLE

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Contact Phone 314-894-6648

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SUBMISSION INSTRUCTIONS

1. Complete this registration and evaluation form within 30 days of completing the activity.
2. Please save and email a copy of your completed evaluation to EESEPC@va.gov
3. Your certificate will be sent via email to the email address provided below.
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 Opt.5

OCCUPATIONAL CATEGORY

- ☐ Administrative
- ☐ Advanced Practice Nurse
- ☐ Associated/Allied Health
- ☐ Clinical Psychologist
- ☐ Dentist
- ☐ Licensed Clinical Social Worker
- ☐ Pharmacist
- ☐ Pharmacy Tech
- ☐ Physician
- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Registered Dietitian
- ☐ Registered Nurse
- ☐ Speech/Language Pathologist
- ☐ Other Clinical
- ☐ Other

EMPLOYER CATEGORY

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

Date Completed

☐☐ ☐☐ ☐☐☐☐

ACCREDITATION/CERTIFICATE REQUESTED:

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

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

EMAIL ADDRESS: Enter Complete Email Address

LAST NAME:

FIRST NAME:

I assert that I attended 100% of this program: e-Signature:

Type your full name in the block above

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
Overall, I was satisfied with this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The learning activities and/or materials were effective in helping me learn the content.	O 1	O 2	O 3	O 4	O 5	O NA
I learned new knowledge and skills from this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The scope of the learning activity was appropriate to my professional needs.	O 1	O 2	O 3	O 4	O 5	O NA
The content of the learning activity was current.	O 1	O 2	O 3	O 4	O 5	O NA
Was the content presented in a manner that was fair and balanced?		O Yes	O No	O NA		
If no, please explain:						
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
I will be able to apply the knowledge and skills learned to improve my job performance.	O 1	O 2	O 3	O 4	O 5	O NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	O 1	O 2	O 3	O 4	O 5	O NA
The appropriate technology was utilized to facilitate my learning.	O 1	O 2	O 3	O 4	O 5	O NA
The training environment (face to face, video conference, web based training) was effective for my learning.	O 1	O 2	O 3	O 4	O 5	O NA
I found that the technology in this learning activity was easy to use.	O 1	O 2	O 3	O 4	O 5	O NA
Overall, I was satisfied with the use of technology in this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The technology in this learning activity was responsive and provided access to further support.	O 1	O 2	O 3	O 4	O 5	O NA
What about this learning activity was <u>most useful</u> to you?						
What about this learning activity was <u>least useful</u> to you?						

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 epidemiology of seizures in the elderly	○	○	○	○	○
discuss seizures and other medical conditions that may mimic seizures in the elderly	○	○	○	○	○
describe risk factors for seizures in the elderly	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

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FACULTY EVALUATION

COURSE NUMBER: 14.F2F.MA.EPILSEIZAU1.A

Denise Riley / Treatment of Elderly with Epilepsy	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