

Webinar - Group Participation

Facilitator Instructions

PRE-EVENT

- Each person attending the webinar must be listed on the "Webinar Sign in Sheet"; missing information will delay processing certificates
- Print enough Webinar Evaluation Forms for each person attending
- Print enough Webinar Hand-Outs for each person attending
- Confirm internet availability and that audio/speakers will be loud enough for group to hear

EVENT DAY

- Sign into the webinar 60 minutes prior to the event to ensure system compatibility.
- Have each participant initial the sign-in sheet and prove them with a handout and evaluation

POST EVENT

- Collect all evaluations and the sign in sheet, scan and to email to Nancy Morgan at nancy@wcei.net OR fax the information to 877-649-6021
- Upon receipt of both documents, CE certificates will be emailed within 3-5 business days

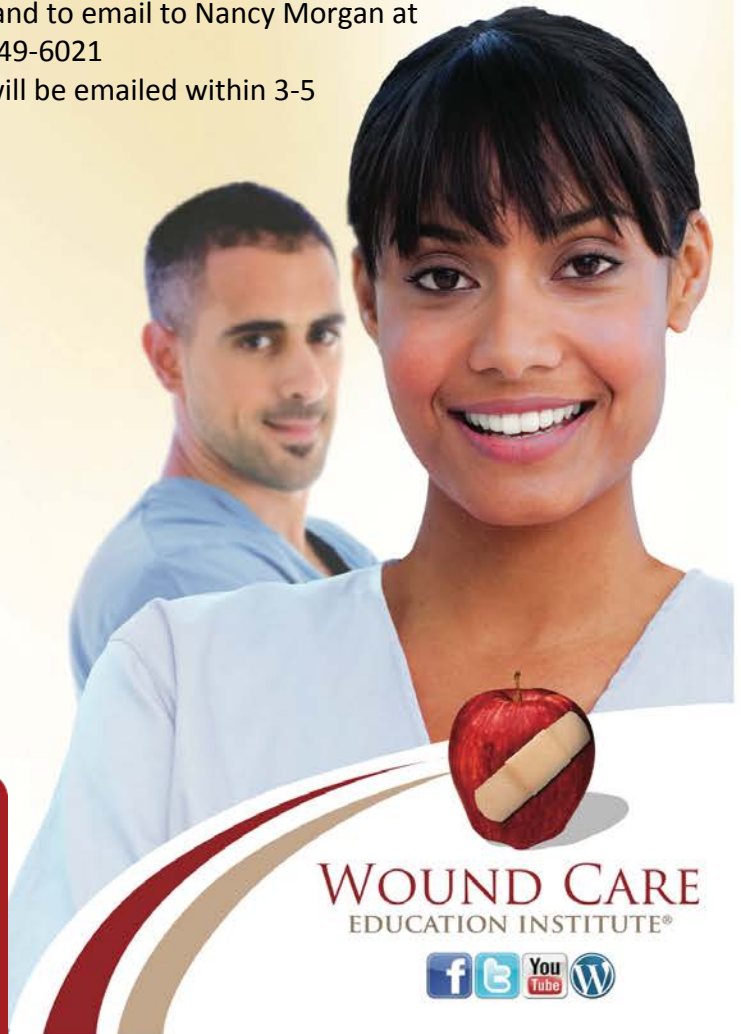


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or visit **www.wcei.net**



WOUND CARE
EDUCATION INSTITUTE®





Wound Care Education Institute – Registration Sheet

WEBINAR TOPIC: Wet to Dry Good,Bad
and the Options

DATE: 9/27/2016

EMAIL OR FAX COMPLETED FORM: 877-649-6021

If hand writing in information print legibly

COMPANY NAME:

LAST NAME

FIRST NAME	ADDRESS	CITY	STATE	ZIP	LICENSE TYPE	LICENSE NUMBER	

EMAIL ADDRESS (REQUIRED – WCEI EMAILS ALL CERTIFICATES)

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FIRST NAME

LAST NAME

FIRST NAME	ADDRESS	CITY	STATE	ZIP	LICENSE TYPE	LICENSE NUMBER	

EMAIL ADDRESS (REQUIRED – WCEI EMAILS ALL CERTIFICATES)

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FIRST NAME

LAST NAME

FIRST NAME	ADDRESS	CITY	STATE	ZIP	LICENSE TYPE	LICENSE NUMBER	

EMAIL ADDRESS (REQUIRED – WCEI EMAILS ALL CERTIFICATES)

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WEBINAR TOPIC: Wet to Dry

DATE: 9/27/16

If hand writing in information print legibly

COMPANY NAME:

FIRST NAME

LAST NAME

ADDRESS			CITY	STATE	ZIP	LICENSE TYPE	LICENSE NUMBER
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EMAIL ADDRESS (REQUIRED – WCEI EMAILS ALL CERTIFICATES)

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EMAIL ADDRESS (REQUIRED – WCEI EMAILS ALL CERTIFICATES)

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PARTICIPANT EVALUATION FORM

Sponsoring Agency: Wound Care Education Institute

Title of Activity: Wet to Dry Dressings the Good, Bad and Options

Instructor: Don Wollheim MD, FAPWCA, WCC, DWC

Live Webinar

Nationwide

9/27/16

Location

City/State

Date

Please assist us in evaluating this program and planning future programs by completing this evaluation form:

Please use the following rating scale for the questions below and circle the appropriate number.

To a Great Extent (4) To a Moderate Extent (3) To a Slight Extent (2) Not at all (1)

As a result of this Program I feel I have achieved the following objectives:

• Discuss offloading techniques and interventions for pressure ulcer treatment based upon ulcer location and characteristics	4	3	2	1
• Discuss 3 topical pressure ulcer treatment options based upon ulcer characteristics.	4	3	2	1

Please use the following rating scale for the questions below and circle the appropriate number:

Excellent (4) Good (3) Fair (2) Poor (1)

1. What is your overall evaluation of this program?	4	3	2	1
2. How well did the program contribute to a better understanding of the topic presented?	4	3	2	1
3. Rate the relationship of the objectives to the overall purpose or goal of the activity.	4	3	2	1
4. Were the audio-visuals helpful?	4	3	2	1
5. How do you rate the physical facilities?	4	3	2	1
6. The hand-out materials were appropriate.	4	3	2	1
7. Teaching Expertise of Presenter	4	3	2	1
8. Appropriateness of Teaching Strategies	4	3	2	1

9. What changes would you make in the course?

10. Would you recommend this program to your colleagues? Why or why not?

11. Please provide suggestions for future courses (content/faculty/level of material).

Name (Optional)