Continuing Nursing Education (CNE) Program Evaluation

Program: ___________________________
Date: ___________________________

1. Was the following learning outcome met?
   
   Insert learning outcome here

   Yes______ No ______

2. The presenter(s) were knowledgeable and effective in presenting this content.
   
   Yes______ No ______

3. How likely are you to use any of the information learned today in your nursing practice? (please circle one)
   
   Very Likely   Likely   Somewhat Likely   Not Likely

4. What did you learn today that you intend to use in your practice as you strive to enhance your ability to provide care, educate, and/or lead others? (please be as specific as possible) ___________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

5. What was your primary motivation for attending this event? (i.e. specific content/topic, networking, need for CNE, etc.) ___________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

6. Other comments or suggestions for future programs: ___________________________
   
   ____________________________________________________________
   
   ____________________________________________________________