

## 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) \_\_\_\_\_

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

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6. Other comments or suggestions for future programs: \_\_\_\_\_

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