



2nd annual Asthma Genomics Workshop Evaluation

***To receive CEUs, you **MUST** complete the evaluation form and return it to:

Libbey Chuy

Utah Department of Health, Asthma Program

PO Box 142106

Salt Lake City, UT 84114-2106

Fax: 801-538-9495

E-mail: lchuy@utah.gov

I would like the following continuing education credits:

- | | |
|---|--|
| <input type="checkbox"/> CHES (2.5 CECH) | <input type="checkbox"/> Respiratory Therapy (RT) (2.75 hours) |
| <input type="checkbox"/> Registered Nursing (RN) (3.75 hours) | <input type="checkbox"/> Genetic Counseling (.275 category II) |

If you are receiving CEUs and would like a certificate of completion, please provide your contact information below:

Name: _____

Mailing Address:

City, State, Zip: _____

The information I found **most useful**:

What **I wish I would have learned** from the workshop:

Thank you!

Please rank the following (5 = strongly agree, 1 = strongly disagree):

Workshop Overall	Strongly agree		Strongly Disagree		
Workshop was what I expected	5	4	3	2	1
Workshop was well organized	5	4	3	2	1

Comments: _____

Videoconferencing	Strongly agree		Strongly Disagree		
Equipment set up/process was easy	5	4	3	2	1
Technical problems were minimal	5	4	3	2	1
Participating by videoconference was enjoyable	5	4	3	2	1
I would participate in additional videoconferences on this topic	5	4	3	2	1

Comments: _____

You as a participant	Strongly agree		Strongly Disagree		
I was fully present and actively participated	5	4	3	2	1
I feel my knowledge of genomics has increased	5	4	3	2	1
I found value in attending the workshop	5	4	3	2	1

Comments: _____

**Healthy Homes University Project
Presenter: Karen Edwards**

Please rank the following (5 = strongly agree, 1 = strongly disagree):

Content	Strongly Agree		Strongly Disagree		
Presentation increased my understanding of the subject	5	4	3	2	1
Presentation left me eager to learn more	5	4	3	2	1
Presentation was applicable to my job/program	5	4	3	2	1
Instructor	Strongly Agree		Strongly Disagree		
Demonstrated knowledge of content	5	4	3	2	1
Presentation methods used were engaging	5	4	3	2	1
Presented in a clear and organized manner	5	4	3	2	1

Comments: _____

Thank you!

Predisposition to Asthma Among the Utah Population
Presenter: Craig Teerlink

Please rank the following (5 = strongly agree, 1 = strongly disagree):

Content	Strongly Agree		Strongly Disagree		
Presentation increased my understanding of the subject	5	4	3	2	1
Presentation left me eager to learn more	5	4	3	2	1
Presentation was applicable to my job/program	5	4	3	2	1
Instructor	Strongly Agree		Strongly Disagree		
Demonstrated knowledge of content	5	4	3	2	1
Presentation methods used were engaging	5	4	3	2	1
Presented in a clear and organized manner	5	4	3	2	1

Comments: _____

Genomics in the Clinic, a Panel's Perspective
Presenters: Paul Eberle, Wayne Cannon, Tad Jolley

Please rank the following (5 = strongly agree, 1 = strongly disagree):

Content	Strongly Agree		Strongly Disagree		
Presentation increased my understanding of the subject	5	4	3	2	1
Presentation left me eager to learn more	5	4	3	2	1
Presentation was applicable to my job/program	5	4	3	2	1
Instructors	Strongly Agree		Strongly Disagree		
Demonstrated knowledge of content	5	4	3	2	1
Presentation methods used were engaging	5	4	3	2	1
Presented in a clear and organized manner	5	4	3	2	1

Comments: _____

Thank you!



ATTENDANCE FORM AND STATEMENT OF CREDIT INFORMATION

The Health Education Association of Utah (HEAU) is approved by the National Commission on Health Education Credentialing as a multi-event provider of certified health education specialist (CHES) continuing education. HEAU has the designation of MEP UT 0036.

Event #01115

*2nd Annual Asthma Genomics Conference
June 7, 2007
Salt Lake City, UT*

Please check session(s) attended.

8:45 am – 10:00 am

Healthy Homes University Project

Deb Duquette, MS, CGC

1 CECH

10:15 am – 10:45 am

Predisposition to Asthma Among the Utah Population

Craig Teerlink, PhD

.5 CECH

10:45 am – 12:00 pm

Genomics in the Clinic: A Panel’s Perspective

Wayne Cannon, MD

Paul Eberle, ABD, PhD, RRT, M.Ed

Tad Jolley, R.Ph

1 CECH

TO RECEIVE CREDIT - THIS FORM MUST BE SUBMITTED BY: (*Failure to do so will result in forfeiture of credits*)

1. MAIL WITHIN 10 DAYS TO: Brandee Sommer, Credentialing Committee
6885 South Redwood Road #2004
West Jordan, UT 84084

2. **IN ADDITION TO THIS FORM YOU MUST PAY:** (Make checks payable to HEAU)
* A \$3 FEE FOR HEAU MEMBERS (\$3 only, not \$3 per credit)
* A \$5 FEE FOR NON-MEMBERS (\$5 only, not \$5 per credit)

3. A STATEMENT OF CREDIT WILL BE ISSUED WITHIN 21 DAYS OF RECEIPT OF FORM AND FEES.

PLEASE PRINT

NAME: _____ CHES #: _____

PHONE NUMBER :() _____

ADDRESS TO MAIL STATEMENT OF CREDIT TO:

CITY: _____ STATE: _____ ZIP: _____

I certify that I attended the above sessions for 1.0 continuing education credit hour each, unless otherwise noted. The maximum number of credits of this conference is 2.5 CECH. Total number of credits requested is _____.

YOUR SIGNATURE: _____

Program Title: _____

Program Sponsor: _____

Date(s) of Conference: _____

CEU/CME Credits Offered by: _____

Total Number of CEUs Requested: _____

Please submit:

- Completed application (send original copy).
- Program brochure showing topics, time schedule, and speakers. Clearly indicate which session(s) you attended.
- \$20.00 nonrefundable fee. Checks must be in U.S. dollars and made payable to The American Board of Genetic Counseling, Inc. Your cancelled check will serve as the receipt.
- Certificate of Attendance. Be sure to retain a copy of your certificate of attendance for your records.
- Applications and other required material must be submitted within 90 days of the last day of a conference or program. Applications received after the 90-day deadline will be returned without being processed.

Send completed application, additional required material, and fee to:

The American Board of Genetic Counseling, Inc.
Administrative Office
9650 Rockville Pike
Bethesda, MD 20814-3998

For Office Use Only

Date received: _____

Reviewed by: _____

Approved

Denied

Contact hours: _____

CEUs awarded: _____

Proof of attendance received

CEU certificate/letter sent