

“Pre-hospital Evaluation and Treatment of Children with Special Respiratory Needs”
EMS Week 2010

Post-Test Answer Sheet

Name: _____
(Please Print)

Squad: _____

Address: _____

Chief: _____

(to include City/State/Zip)

Hospitals Served: _____

Phone: _____

Email: _____

EMS Med. Director: _____

1. _____

6. _____

11. _____

16. _____

2. _____

7. _____

12. _____

17. _____

3. _____

8. _____

13. _____

18. _____

4. _____

9. _____

14. _____

19. _____

5. _____

10. _____

15. _____

20. _____

Submit your answer sheet for your **FREE** CEU Certificate!

FAX To: 937-312-3641

~ OR ~

Mail To: Wanda Blackford, Education Coordinator

Premier Health Care Services, Inc.

332 Congress Park Drive

Dayton, OH 45459

Premier Health Care Services, Inc. is accredited by the Ohio Department of Public Safety to provide continuing education for EMS providers. PHCS, INC. designates this continuing education activity for a maximum of (1.0) one hour of CEU credit. Each EMS provider should claim only those hours of credit that he/she actually spent in the educational activity.

Participant Evaluation of Activity

From EMS Week – 2010

“Pre-hospital Evaluation and Treatment of Children with Special Respiratory Needs”

Please complete **all** sections of this evaluation form.

Based on the following scale, please respond to the following questions:

① = Inadequate ② = Minimally Acceptable ③ = Adequate

④ = Well Done ⑤ = Excellent ⑥ = Not Applicable

1. The EMS educational activity provided by Frank Giampetro, EMT-P & Joan M. Kolodzik, MD; met the following objectives:

- * Raise the awareness of children with special respiratory needs in our communities. ① ② ③ ④ ⑤ ⑥
- * Improve communication of pertinent medical information for children with special respiratory needs.
- * Raise awareness and familiarity with respiratory devices, which are essential to children with special respiratory needs.
- * Familiarize the EMS providers with educational resources available regarding children with special respiratory needs.

2. The educational activity provided me with practical information, which can be applied to my work. ① ② ③ ④ ⑤ ⑥

3. The subject matter was compiled in a logical manner, and was easy to follow in the format as presented. ① ② ③ ④ ⑤ ⑥

4. The program contact person and information was available, if needed, for questions/discussion of the subject content. ① ② ③ ④ ⑤ ⑥

5. The CEU hours offered were appropriate for the activity. ① ② ③ ④ ⑤ ⑥

6. The Post-Test was appropriate for the activity. ① ② ③ ④ ⑤ ⑥

7. The activity was well organized and distributed. ① ② ③ ④ ⑤ ⑥

8. What topics would you suggest for future educational offerings: _____

9. Comments/Suggestions: _____

Name: _____
(Print)

Date: _____

Squad: _____

Signature: _____

EMT EMT-P Other

Please return via mail (or) FAX this evaluation to: Wanda Blackford, Education Coordinator
Premier Health Care Services
332 Congress Park Drive
Dayton, OH 45459
FAX: (937) 312-3641