

ATTENDANCE VERIFICATION FORM

Illinois and California MCLE

Program: **Negligent Credentialing Developments: Impact of Recent Cases and New Joint Commission Medical Staff Standards**

Original Program Date: **April 16, 2008**

This program is approved in Illinois and California for **1.5** general credits.

I Participated via: Teleconference
 Video conference
 Webcast/Webconference
 Audio MP3/Podcast

Date Completed: _____

Program Code: _____

I hereby certify that I attended the entire program listed above and am qualified to claim _____ credits of MCLE.

Print Name (CLEARLY): _____

Email Address: _____ State & Bar Number: _____

Signature: _____

Course Evaluation Form

1.) Program Content (Effectiveness and Relevance):

- Poor
- Fair
- Good
- Excellent

2.) Length of Course:

- Correct Length
- Too Short
- Too Long

3.) Instructor Quality (Effectiveness and Insight):

- Poor
- Fair
- Good
- Excellent

4.) Written Materials

- Poor
- Fair
- Good
- Excellent

5.) Instructor:

Please provide feedback for the instructors:

6.) Did you have any technical difficulties accessing the course?

7.) What was the most valuable part of the course?

8.) What was the least valuable part of the course?

9.) Is this a format that you would continue to use in the future?

10.) Suggestions for future topics: