



ANSWER SHEET

#91332 MEDICAL ERROR PREVENTION AND ROOT CAUSE ANALYSIS

COURSE EXPIRATION DATE: 08/31/19

Last Name _____ First Name _____ MI _____
 License # _____ State where licensed _____ Exp. _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Title/Position _____
 FAX Number _____ Email _____

Please return my certificate by (choose one): Email Fax Mail

Please record your responses to the accompanying course test in the spaces below. Darken only one circle per question. When complete, return this sheet to NetCE, PO Box 997571, Sacramento, CA 95899-7571.

	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D
1.	○	○	○	○	26.	○	○	○	○	51.	○	○	○	○	76.	○	○	○	○
2.	○	○	○	○	27.	○	○	○	○	52.	○	○	○	○	77.	○	○	○	○
3.	○	○	○	○	28.	○	○	○	○	53.	○	○	○	○	78.	○	○	○	○
4.	○	○	○	○	29.	○	○	○	○	54.	○	○	○	○	79.	○	○	○	○
5.	○	○	○	○	30.	○	○	○	○	55.	○	○	○	○	80.	○	○	○	○
6.	○	○	○	○	31.	○	○	○	○	56.	○	○	○	○	81.	○	○	○	○
7.	○	○	○	○	32.	○	○	○	○	57.	○	○	○	○	82.	○	○	○	○
8.	○	○	○	○	33.	○	○	○	○	58.	○	○	○	○	83.	○	○	○	○
9.	○	○	○	○	34.	○	○	○	○	59.	○	○	○	○	84.	○	○	○	○
10.	○	○	○	○	35.	○	○	○	○	60.	○	○	○	○	85.	○	○	○	○
11.	○	○	○	○	36.	○	○	○	○	61.	○	○	○	○	86.	○	○	○	○
12.	○	○	○	○	37.	○	○	○	○	62.	○	○	○	○	87.	○	○	○	○
13.	○	○	○	○	38.	○	○	○	○	63.	○	○	○	○	88.	○	○	○	○
14.	○	○	○	○	39.	○	○	○	○	64.	○	○	○	○	89.	○	○	○	○
15.	○	○	○	○	40.	○	○	○	○	65.	○	○	○	○	90.	○	○	○	○
16.	○	○	○	○	41.	○	○	○	○	66.	○	○	○	○	91.	○	○	○	○
17.	○	○	○	○	42.	○	○	○	○	67.	○	○	○	○	92.	○	○	○	○
18.	○	○	○	○	43.	○	○	○	○	68.	○	○	○	○	93.	○	○	○	○
19.	○	○	○	○	44.	○	○	○	○	69.	○	○	○	○	94.	○	○	○	○
20.	○	○	○	○	45.	○	○	○	○	70.	○	○	○	○	95.	○	○	○	○
21.	○	○	○	○	46.	○	○	○	○	71.	○	○	○	○	96.	○	○	○	○
22.	○	○	○	○	47.	○	○	○	○	72.	○	○	○	○	97.	○	○	○	○
23.	○	○	○	○	48.	○	○	○	○	73.	○	○	○	○	98.	○	○	○	○
24.	○	○	○	○	49.	○	○	○	○	74.	○	○	○	○	99.	○	○	○	○
25.	○	○	○	○	50.	○	○	○	○	75.	○	○	○	○	100.	○	○	○	○

ANY QUESTIONS? 1-800-232-4238 • FAX 1-916-783-6067

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Please evaluate this course by answering the following questions. All information is strictly confidential and will be used only to assist us with course development and improvement of our services.

1. Was the course content new / review?
 2. How much time did you spend on this activity, including the questions? _____ Hours
(Physicians should claim only the credit commensurate with the extent of their participation in the activity.)
 3. Would you recommend this course to your peers? Yes No
 4. Did the course content support the stated course objective? Yes No
 5. Did the course content demonstrate the author's knowledge of the subject? Yes No
 6. Was the course content free of bias? Yes No
 7. Before completing this course, did you identify the necessity for education on the topic to improve your professional practice? Yes No
 8. Have you achieved all of the stated learning objectives of this course? Yes No
 9. Has what you think or feel about this topic changed? Yes No
 10. Did evidence-based practice recommendations assist in determining the validity or relevance of the information? Yes No N/A
 11. Are you more confident in your ability to provide patient care after completing this course? Yes No
 12. Do you plan to make changes in your practice as a result of this course content? Yes No
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ADDITIONAL COMMENTS / CRITICISMS / CONCERNS: _____

SUGGESTIONS FOR FUTURE COURSE DEVELOPMENT: _____

Thank you.