

# National Imaging Associates – Provider Relations Training Evaluation and Feedback Form

**Blue Cross of Northeastern Pennsylvania**

Training Session/Module \_\_\_\_\_

Presenter \_\_\_\_\_

Date \_\_\_\_\_

**Please check all responses that apply (For on-line form: double click the box and click “checked” then ok)**

The session/module was:

- |                                       |                                     |                                      |                                     |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Informative  | <input type="checkbox"/> Too Slow   | <input type="checkbox"/> Elementary  | <input type="checkbox"/> Too Quiet  |
| <input type="checkbox"/> Too Detailed | <input type="checkbox"/> Too Fast   | <input type="checkbox"/> Advanced    | <input type="checkbox"/> Too Formal |
| <input type="checkbox"/> Too General  | <input type="checkbox"/> Well Paced | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Boring     |

The most outstanding feature(s) of this session was: \_\_\_\_\_

I was trained on what I was expecting ☐ Yes ☐ No (please explain) \_\_\_\_\_

Improvements I suggest for this training: \_\_\_\_\_

Additional training or topics that need further reinforcement: \_\_\_\_\_

**Fill in the appropriate circle**

The presenter displayed knowledge of the material

The presenter was able to hold my attention

My overall rating of the presenter is

The course objectives were explained clearly

The course content matched the stated objectives

The materials handouts and exercises helped me understand better

My overall rating of the training is

Needs Improvement

Fair

Good

Excellent

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**Additional Comments/Questions** \_\_\_\_\_

We value your feedback and appreciate you taking the time to complete this evaluation. Please fax completed form to 1-888-656-6350. Thank you!!