QEEG Certification Didactic Training Program Evaluation Form

Please return this form directly to: **qeegcb@gmail.com**

In order for this course to be valid for QEEGCB didactic education, your name must be on the official list submitted to QEEGCB by the training program you attended, and you must submit this evaluation form to QEEGCB within 30 days of the completion of the didactic training program. The information submitted will be kept CONFIDENTIAL by QEEGCB. The information will be tabulated for each training program and made available to the QEEGCB Board of Directors. The training provider will receive summary data to provide feedback for improvement of their teaching program.

1. Evaluation of Training: Use the following scale to evaluate items: 1 - Excellent   2 - Satisfactory   3 - Unacceptable

QEEG BLUEPRINT AREAS	How well were blueprint subject areas covered?	Quality of Faculty	Written Materials/ Handouts	Audio-Visual
I. Editing raw EEG (2 hrs)				
II. Drug effects (2 hrs)				
III. Database analysis (4.5 hrs)				
IV. Clinical and cognitive aspects of EEG (6.5 hrs)				
V. Montages and Spectral and Topographic Aspects of the EEG (3 hrs)				
VII. Practicum, including 2 hours of artifact recognition (6 hrs)				

2. To what extent was the teaching facility conducive to learning? ☐ Excellent   ☐ Satisfactory ☐ Unacceptable

3. Overall, did the program deliver what was offered in the promotional material?
   ☐ Completely   ☐ Generally   ☐ Poorly

4. Was clinical grade equipment made available during your course for "hands on" demonstration?

5. When do you plan to sit for the exam?   When: _____ or ☐ Don't Know

6. Name of the training program you attended: _____

7. Location of training program: _____

8. Dates of training program: _____

9. Your name and address: Name:_____
   Address:_____
   City, State, Zip:_____
   Phone: (_____) _____ Email:_____

You may use the back of this form for any comments you wish to make.   *Please Copy as Necessary*