

CEAS III: PRACTICE & MANAGEMENT OF OCCUPATIONAL ERGONOMICS CERTIFICATION
Home Study & Online Course Evaluation & Survey

Date _____

Please Print

Name _____ Profession/Occupation _____

[] Mr [] Mrs. [] Ms [] Dr

Address _____

If this is your work address, please be sure to include the company name

City _____ State _____ Zip _____

Home (_____) Work (_____) Fax (_____)

E-mail Address _____

Type of business: [] Hospital [] Private Practice [] Industry [] Education [] Government [] Insurance [] Other _____

How did you hear about this *particular* workshop? (Please check all that apply.) [] BSOA Postcard [] PT Advance [] OT Advance [] BSOA Newsletter [] BSOA Email [] BSOA Flyer [] Your Employer [] Rehab Edge [] WorkSteps [] Relax The Back [] AOTA [] BOC [] BSOA Website [] Previously attended another workshop [] You are employed by the co-sponsor [] State OT/PT Website [] AACC [] Other (Please specify.) _____

What was your objective in attending this program? _____

Were the course objectives met: [] Yes [] No [] Somewhat

What would you have wanted "more" of? _____

What would you have wanted "less" of? _____

Please comment on the content, information and format/delivery of course. _____

Any suggestions for new continuing education workshop topics, training aids or products? _____

Have you logged on to our website at www.backschoolofatlanta.com? _____

Please initial here if you would like to be listed on our website as a Certified Ergonomics Assessment Specialist III (CEAS III™): _____

If you choose to be listed on our website, your name, city and state will be listed automatically. Please check here if you would also like the following listed as well: [] email address [] phone number

Thank you for completing this evaluation. It will be valuable to us in helping to meet your future needs.



BACK SCHOOL OF ATLANTA

Ronald W. Porter PT, CEAS III Director
Back School of Atlanta

If necessary, please use the back of this form for any additional comments.