

This evaluation tool should not be modified.

MEDICARE RESIDENT, PRACTICING PHYSICIAN, AND OTHER HEALTH CARE PROFESSIONAL TRAINING PROGRAM

TRAINING MATERIALS EVALUATION

Date of Course _____ Name of Organization _____

Facilitator's Name _____ (optional) Telephone Number (optional) _____

| | EXCELLENT | VERY GOOD | GOOD | FAIR | POOR |
|---|-----------|-----------|------|------|------|
| Rate organization of the materials for facilitators | 5 | 4 | 3 | 2 | 1 |
| Rate comprehensiveness of the training materials | 5 | 4 | 3 | 2 | 1 |
| Rate how easy it is to follow the instructions for facilitators | 5 | 4 | 3 | 2 | 1 |
| Rate how easy it is to use PowerPoint presentations to conduct a course | 5 | 4 | 3 | 2 | 1 |
| Rate your comfort level with content of the training materials | 5 | 4 | 3 | 2 | 1 |
| Rate your comfort level with presenting the material | 5 | 4 | 3 | 2 | 1 |
| Rate learning objectives of the lessons | 5 | 4 | 3 | 2 | 1 |
| Rate length of the program course | 5 | 4 | 3 | 2 | 1 |
| Rate how well course was received by learners | 5 | 4 | 3 | 2 | 1 |

1. What Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program products did you use in your course?
- Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* Publication
 - Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* CD-ROM
 - Medicare Resident, Practicing Physician, and Other Health Care Professional Training: An Introduction* Video
 - 3-Hour Medicare Program Training Module
 - 1.5-Hour Introduction to Medicare Training Module

2. Do you plan to conduct future courses? Yes No

3. Please provide us with your comments or suggestions regarding the Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program and training materials:

Thank you for your feedback. We will use your input to improve our Medicare training courses and products.

Please make a copy of the completed evaluation for your locked, confidential file and mail original evaluation to:

**A. Palmer
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C4-13-07
Baltimore, MD 21244**