Program Evaluation FOR NASBA CPE CREDIT PROGRAMMING

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| --- | --- |
| CHAPTER: |  |
| PROGRAM: |  |
| DATE: |  |

|  |  |
| --- | --- |
| Were the learning objectives were met? | [ ]  YES [ ]  NO |
| Where stated prerequisites appropriate and sufficient?  | [ ]  YES [ ]  NO |
| Where program materials relevant and did they contribute to the achievement of the learning objectives?  | [ ]  YES [ ]  NO |
| Was the time allotted to the learning activity appropriate? |  [ ]  YES [ ]  NO |
| Were the individual instructors effective?  | [ ]  YES [ ]  NO  |

**Additional feedback or suggestions:**

***Please return this form to the Program Chair at the end of the program. Thank you.***

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