

Iowa School Nurse Organization
ICN – Nursing CEU Application



Name of ICN Session: _____

Name of Presenter(s): _____

Date of Session: _____ Start Time: _____ End Time: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Nursing License # _____

Fees for CEU: \$5 for ISNO Member _____

\$25 for Non-member _____

_____ Total Amount Enclosed

Make check payable to **ISNO** and send with CEU application within 2 weeks after offering.

Send check and CEU application to:

**Deb Johnson
6917 Deer Horn Trail NE
Cedar Rapids, IA 52411**

Please complete evaluation form on next page and return with CEU application or send evaluation form directly to IBON as listed on evaluation form.

IOWA SCHOOL NURSE ORGANIZATION

PARTICIPANT EVALUATION FORM

Offering Title _____

Date _____

SPEAKER SUMMARY REPORT

Speaker Name	A/V Handouts enhanced presentation.		Was knowledgeable about topic.		Responsive to concerns/questions.		Presentation Style Effective	
	YES	NO	YES	NO	YES	NO	YES	NO

PROGRAM EVALUATION

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The stated purpose, goals and objectives were met.					
2. The material presented was appropriate for the topic.					
3. The physical environment, acoustics, audiovisuals were adequate.					
4. I can apply the content of this class to my job.					

How did you find out about this workshop?

- Listserve
- IBON newsletter
- ISNO website
- Another nurse
- Mailing
- Other

What future topics would you like developed? _____

Comments:

This evaluation may be submitted directly to the
 Iowa Board of Nursing
 River Point Business Park
 400 SW 8th Street Suite B
 Des Moines, Iowa 50309