

Rockhurst University Continuing Education Center, Inc



NON-COLLEGIATE CONTINUING EDUCATION REQUEST

STOP! Fill out this form ONLY if you are a member of a licensing board that has approved Rockhurst University Continuing Education Center, Inc as a **PROVIDER**. If you do not know if Rockhurst University Continuing Education Center, Inc is approved, please contact your board.

A Certificate of Completion for your records will be issued to all seminar participants at the end of their training.

MAILING ADDRESS FOR CERTIFICATE:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: () _____

License Number: _____

Licensed as: RN or CPA (Please Circle)

Event Number: _____

Date of Event: _____

Event Title: _____

PROFESSIONAL LICENSING BOARD INFO:

Please list the state or national licensing board you are licensed by: _____

If a nurse, what state? _____

IF YOU DO NOT HAVE A LICENSING BOARD, STOP!

You do not need to fill out this form. A Certificate of Completion will be given at the end of your training.

Provider Number: _____

ANCC Regulations: Nurses **MUST** fill out the additional information before CE certificate can be issued.

Please mail Requests to: Rockhurst University Continuing Education Center, Inc
Attn: Jamie Reisinger, Assistant CEU/CPE Coordinator
6901 West 63rd Street, Floor 3
Shawnee Mission, KS 66202

Telephone Number: (800) 258-7246 Extension 3100
Email Address: jreisinger@natsem.com

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(Page 2 - for Nurses only)

ANCC Regulations:
Nurses MUST fill out the additional information before CE certificate can be issued.

CONTENT EVALUATION:

1. Rate the extent to which you are able to meet each of the following objectives now that you have attended this seminar: (List each individual objective, refer to workbook.)

I am able to:

A. _____

Fully: _____ Partially: _____ Not at all: _____

B. _____

Fully: _____ Partially: _____ Not at all: _____

C. _____

Fully: _____ Partially: _____ Not at all: _____

D. _____

Fully: _____ Partially: _____ Not at all: _____

E. _____

Fully: _____ Partially: _____ Not at all: _____

F. _____

Fully: _____ Partially: _____ Not at all: _____

2. The content of this offering was relevant to my learning needs as a professional.

Fully: _____ Partially: _____ Not at all: _____

3. The content of this offering was what I expected it to be from the brochure description

Fully: _____ Partially: _____ Not at all: _____

4. The content presented was new or important review.

Fully: _____ Partially: _____ Not at all: _____

5. I will be able to use the content presented at this seminar when I return to my place of employment.

Fully: _____ Partially: _____ Not at all: _____