

**SCS Continuing Education & Three Phase CEUs:
“Radiographic Pathology of the Gastrointestinal Tract” Answer
Sheet**

Name: _____ **Florida DOH License Number:** _____
Address: _____ Date: _____
Email: _____

Please “X” over the correct answer.

- | | | |
|-------------|-------------|-------------|
| 1. A B C D | 11. A B C D | 21. A B C D |
| 2. A B C D | 12. A B C D | 22. A B C D |
| 3. A B C D | 13. A B C D | 23. A B C D |
| 4. A B C D | 14. A B C D | 24. A B C D |
| 5. A B C D | 15. A B C D | 25. A B C D |
| 6. A B C D | 16. A B C D | 26. A B C D |
| 7. A B C D | 17. A B C D | 27. A B C D |
| 8. A B C D | 18. A B C D | 28. A B C D |
| 9. A B C D | 19. A B C D | 29. A B C D |
| 10. A B C D | 20. A B C D | 30. A B C D |

Please take a moment to fill out this brief course evaluation survey.

Was the course easy to navigate through? ___ **YES** ___ **NO**

If **NO**, please explain what changes could be made:

Was the information presented in a way that was easy to understand? ___ **YES** ___ **NO**

If **NO**, please explain what changes could be made:

Overall, were you satisfied with the course? ___ **YES** ___ **NO**

Would you be interested in other courses offered by **SCS Continuing Education**? ___ **YES** ___ **NO**

Please feel free to make other comments or suggestions:

Thank you for choosing SCS Continuing Education!