

SCS Continuing Education: TEST and COURSE EVALUATION FORM

Name: _____ Florida DOH License #: _____

Address: _____ Date: _____

Email: _____

Anatomy and Radiography of the Wrist, Hand, and Fingers course

Please "X" over the correct answer:

- | | | |
|-------------|-------------|-------------|
| 1. A B C D | 26. A B C D | 51. A B C D |
| 2. A B C D | 27. A B C D | 52. A B C D |
| 3. A B C D | 28. A B C D | 53. A B C D |
| 4. A B C D | 29. A B C D | 54. A B C D |
| 5. A B C D | 30. A B C D | 55. A B C D |
| 6. A B C D | 31. A B C D | 56. A B C D |
| 7. A B C D | 32. A B C D | 57. A B C D |
| 8. A B C D | 33. A B C D | 58. A B C D |
| 9. A B C D | 34. A B C D | 59. A B C D |
| 10. A B C D | 35. A B C D | 60. A B C D |
| 11. A B C D | 36. A B C D | |
| 12. A B C D | 37. A B C D | |
| 13. A B C D | 38. A B C D | |
| 14. A B C D | 39. A B C D | |
| 15. A B C D | 40. A B C D | |
| 16. A B C D | 41. A B C D | |
| 17. A B C D | 42. A B C D | |
| 18. A B C D | 43. A B C D | |
| 19. A B C D | 44. A B C D | |
| 20. A B C D | 45. A B C D | |
| 21. A B C D | 46. A B C D | |
| 22. A B C D | 47. A B C D | |
| 23. A B C D | 48. A B C D | |
| 24. A B C D | 49. A B C D | |
| 25. A B C D | 50. 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!