###### **GEORGIA DEPARTMENT OF PUBLIC HEALTH**

*Continuing education credit will be provided through the Georgia Department of Public Health. Georgia Department of Public Health, is an approved provider of continuing nursing education by the Alabama Nurses State Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

**Activity Title: Review of The Recommended Schedule**

**Location: \_ Activity #: 225-16**

**Continuing Education Disclosures**

Participants must attend the entire session in order to earn contact hour credit. Verification of participation will be noted by signature on the roster or being “checked off” on a computer printout of participants. Successful completion of this program includes the learner meeting the objectives presented on the evaluation form. No influential financial relationships have been disclosed by planners or presenters which would influence the planning of this activity. If any arise, an announcement will be made at the beginning of the session. No commercial support has influenced the planning of the educational objectives and content of this event. Any commercial support will be used for events that are not CE related.

**Learning Outcome:** Learners will be able to properly assess immunization records in accordance with Georgia Immunization Law and DPH rules and regulations to assure certificates are in compliance with ALL filing and issuing standards

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learning Objectives Achieved** | **Excellent** | **Good**  | **Fair** | **Poor** |
| 1. **Recall the role vaccines have played in preventing disease**
 |  |  |  |  |
| 1. **Discuss the importance of vaccines for children, adolescents and adults**
 |  |  |  |  |
| 1. **Discuss the role of a vaccine champion**
 |  |  |  |  |
| 1. **List at least two reliable sources for immunization information**
 |  |  |  |  |

# (Note- Add, delete, expand row(s) as needed for the activity’s # and length of objectives.)

**II. Please rate the audiovisuals/handouts used for this workshop.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Excellent** |  | **Good** |  | **Fair** |  | **Poor** |  |

**III. Please evaluate the expertise of each presenter individually.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Presenter(s)****Add rows if needed for more presenter(s) names.** | **Excellent** | **Good**  | **Fair** | **Poor** |
|  |  |  |  |  |
|  |  |  |  |  |

**IV. Please evaluate the physical environment where the workshop was held:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Excellent** |  | **Good** |  | **Fair** |  | **Poor** |  |

**V. How do you plan to use this information in your practice setting?**

**VI. Were conflict of interest disclosures provided to the learners?**

**VII. General comments and/or suggestions:**

5/2016