Division of Public Health ICD-10-CM Training Evaluation

1. Please select the category that best describes your profession:

☐ Physician ☐ Physician Assistant/FNP ☐ Nurse ☐ Other Clinician

☐ Billing/Accounting ☐ Health Info Management ☐ Administration ☐ IT

☐ Scheduling/Registration ☐ Consultant ☐ Business/Financial

☐ DPH Representative ☐ ORHCC Representative ☐ Other

2. Name of course being evaluated:

☐ Basic ICD-10-CM Coding

☐ Specialized ICD-10-CM Coding Training – Behavioral Health

☐ Specialized ICD-10-CM Coding Training – Child Health, Health Check

☐ Specialized ICD-10-CM Coding Training – Family Planning

☐ Specialized ICD-10-CM Coding Training – Maternal Health

☐ Specialized ICD-10-CM Coding Training – Primary Care, Women's Health, Chronic Disease, BCCCP

☐ Specialized ICD-10-CM Coding Training – STD, HIV, Communicable Disease

3. Venue Type: ☐Face-to-face in Raleigh ☐via Webinar by myself ☐via Webinar with others

Comments related to venue-

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4. Will the training help you fulfill your job responsibilities?

☐ Yes ☐ No Comments -

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5. Did the combination of lecture, coding exercises and quizzes aid in the learning process?

☐ Yes ☐ No Comments -

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6. Any recommendations on how to improve the training?

☐ Yes ☐ No Comments -

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7. Overall, how would you rate the training?

	Great	Good	Average	Fair	Poor
Instructor Knowledge					
Content					
Presentation					

8. Other Comments

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_____
_____
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Please submit evaluation form to: Sarah.Brooks@dhhs.nc.gov or mail to Sarah Brooks, 5605 Six Forks Rd., Raleigh, NC 27609