**Division of Public Health ICD-10-CM Comprehensive 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. Was Training Objective 1 met? (Develop a general understanding of ICD-10-CM)

☐ Yes ☐ No Comments -

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3. Was Training Objective 2 met? (Understand how to look up diagnoses in the Alphabetical Index and verify the code in the Tabular List)

☐ Yes ☐ No Comments -

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4. Was Training Objective 3 met? (Demonstrate how to accurately assign ICD-10-CM codes to simple diagnoses)

☐ Yes ☐ No Comments -

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5. Did you participate in the training via face-to-face or Webinar?

☐ Face-to-Face ☐ Webinar

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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**Please complete a Training Evaluation and e-mail to Sarah.Brooks@dhhs.nc.gov**