

Yes, I would like to receive a certificate for this course.

Supervisor's name: _____

Campus Address _____

Division of Continuing Education Information/Evaluation Form
Human Resources Training Sessions
(Presentation Skills: Speak with Confidence Online Training)

Date: _____ Presenter: Online

Name: _____ Signature: _____
(Please print)

Mailing Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Office Phone Number: _____ Fax Number: _____

*Social Security Number (last four digits only): _____

Professional Degree: _____ Specialty: _____

*Used to develop a cumulative record of your continuing education at the Medical College of Georgia so that we can give you better service in documenting your continuing education.

TOPIC: Presentation Skills: Speak with Confidence
Objectives:

- Be able to communicate not just inform.
- Learn how to build rapport with your audience.
- Identify methods for resolving common issues when presenting.
- Learn to control fear and command attention.

Identify your audience and be able to relate to them. *Please check the appropriate response:*

Overall Content	__Excellent	__Good	__Fair	__Poor
Rate the overall organization of the presentation	__Excellent	__Good	__Fair	__Poor
Clinical Application/ Objectives Achieved	__Excellent	__Good	__Fair	__Poor
Presentation Style/Visual Aids	__Excellent	__Good	__Fair	__Poor

Would you recommend this class? Yes No

Did this course meet your expectation? Yes No

If no, why?

Comments:

Please write below any comments on how you plan to use the information gained from this presentation in your practice:

Please list suggestions for future topics and speakers:

Did the presentation contain anything that reflected commercial bias or influence?

Yes No

If yes, what? _____