

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  
(Resolving Conflict 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: Resolving Conflict Online Training**  
**Objectives:**

- Define conflict
- List the different types of conflict
- Identify your ability to handle conflict
- List the positive and negative effects of conflict
- Describe the conflict resolution process
- List tips to resolve conflict at work

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? \_\_\_\_\_