



BOARD *for* CERTIFICATION
of NUTRITION SPECIALISTSSM

Evaluation of CE Activity

1. Name of Activity
2. Date of Activity
3. Name of Instructor(s)
4. What did you learn in this event that you are able to apply in practice?
5. **General Comments and feedback on this event. Positive and negative feedback on both content and teaching is helpful, as providers will use this important feedback to continually improve the activities/materials offered.**

6. **Would you recommend this class to others? Why/Why not?**

7. **What are other Professional Development areas of interest to you?**

8. **Any additional feedback is welcome.**

We appreciate your feedback.

Please email this form to DSlutzky@NutritionSpecialists.org

Thank you.