

QEEG Certification Didactic Training Program Evaluation Form

Please Copy as Necessary

Please return this form directly to: qeegcb@gmail.com

In order for this course to be valid for QEEGCB didactic education, your name must be on the official list submitted to QEEGCB by the training program you attended, and you must submit this evaluation form to QEEGCB within 30 days of the completion of the didactic training program. The information submitted will be kept CONFIDENTIAL by QEEGCB. The information will be tabulated for each training program and made available to the QEEGCB Board of Directors. The training provider will receive summary data to provide feedback for improvement of their teaching program.

<u>1. E</u>	valuation of Training: Use the	ne following scale to evaluate items:	1 - Excellent	2 - Satisfact	tory 3 - I	Unacceptable
QEEG BLUEPRINT AREAS			How well were blueprint subject areas covered?	Quality of Faculty	Written Materials/ Handouts	Audio-Visual
I.	Editing raw EEG (2 h	rs)				
II.	Drug effects (2 hrs)					
III.	III. Database analysis (4.5 hrs)					
IV.	Clinical and cognitive	aspects of EEG (6.5 hrs)				
V.	Montages and Spec Aspects of the EEG	etral and Topographic 5 (3 hrs)				
VII	. Practicum, including recognition (6 hrs)	2 hours of artifact				
2. T	. To what extent was the teaching facility conducive to learning? Excellent Satisfactory Unacceptable					
3. C	 Overall, did the program deliver what was offered in the promotional material? Completely Generally Poorly 					
4. V	Vas clinical grade equipme	ent made available during your c	ourse for "hands	s on" demons	tration?	
5. V	5. When do you plan to sit for the exam? When: or or Don't K					
6. N	Name of the training program you attended:					
7. L	Location of training program:					
8. C	Dates of training program:					
9. Y	our name and address:	Name:				
		Address:				
		City, State, Zip:				
		Phone: ()		Email:		

Accreditation Evaluation November 2013

You may use the back of this form for any comments you wish to make.