



# QEEG Certification Didactic Training Program Evaluation Form

Please email this form within 10 days of completion of program to: [IQCBADMIN@IQCB.ORG](mailto:IQCBADMIN@IQCB.ORG) or mail to:

**IQCB | 148 Sheffield G | West Palm Beach, FL 33417**

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

1. Evaluation of Training: Use the following scale to evaluate items: 1=Excellent 2=Satisfactory 3=Unacceptable.

IQCB BLUEPRINT AREAS	How well were blueprint areas covered?	Quality of Faculty	Written Materials/ Handouts	Audio/ Visual
<b>I.</b> HISTORY - 1 HOUR				
<b>II.</b> NEUROSCIENCE - 8 HOURS				
<b>III.</b> TECHNICAL - 4 HOURS				
<b>IV.</b> EEG - 8 HOURS				
<b>V.</b> QEEG - 9 HOURS				
<b>VI.</b> PSYCHOPHARMACOLOGY - 2 HOURS				
<b>VII.</b> RESEARCH - 2 HOURS				
<b>VIII.</b> ETHICS - 2 HOURS				
<b>IX.</b> CLINICAL PRACTICE/FORENSIC - 4 HOURS				
<b>TOTAL</b>				
<b>OVERALL RATING</b>				

2. To what extent was the teaching facility conducive to learning?  Excellent  Satisfactory  Unacceptable
3. Overall did the program deliver what was offered in the promotional material?  Completely  Generally  Poorly
4. Was clinical grade equipment made available during your course for "hands on" demonstration:  Yes  No
5. When do you plan to sit for the exam? \_\_\_\_\_  Undecided  Already Taken
6. Name of the training program you attended: \_\_\_\_\_
7. Location of the training program: \_\_\_\_\_
8. Dates of the training program: \_\_\_\_\_
9. Your name and Email address: \_\_\_\_\_
10. Your Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional comments:** \_\_\_\_\_