

**ADVANCED MEDICAL LIFE SUPPORT
COURSE EVALUATION FORM**

National Course # _____ Course Location: _____

Country of Course Location: _____

Course Date(s): _____ Course Type: __ Provider __ Refresher __ Instructor __ Domestic __ Military

Healthcare Provider Level (Circle One):

EMT EMT-I EMT-P Physician PA ARNP RN LPN LVN Other

Lecture Topic: _____ Teaching/Testing Station: _____

Please rate the following aspects of the presenter and his/her presentation based on the following scale.

1 – Excellent

2 – Good

3 – Fair

4 – Poor

1) Overall evaluation of the course 1 2 3 4

2) Overall presentation of lecture material 1 2 3 4

3) Overall knowledge of course faculty 1 2 3 4

4) Overall rating of the facility 1 2 3 4

5) Overall rating of the audiovisual material 1 2 3 4

6) How will you integrate or use the information presented in this course?

7) What part of the course was most beneficial for you?

8) What part of this course was least beneficial to you?

9) Additional comments:
