

Appendix B – Feedback Form for Facilitators

Study Group FACILITATORS – Comments about Study Group Manual

Your feedback is important in order to continue to offer tips and key information to future study groups. Please complete the information on this form, and mail, fax or e-mail it to the CNA Certification Program. (Please see below for submission information.) All suggestions will be reviewed and considered for inclusion in future versions of this document. All information will be kept strictly confidential and will be used solely for the purpose of the CNA Certification Program.

Study group facilitator (key contact) – name and position/title:

CNA certification number: _____

Employer: _____

Employer mailing address:

Phone number (work): _____

E-mail address: _____

Location of study group (City/Province/Territory):

Number of nurses in the study group: _____

Study group specialty: _____

Is your study group information posted on the CNA website? Yes No

If not, would you like the information to be posted? Yes No

(If yes, CNA certification staff will contact the key contact person for further information.)

Comments/Suggestions about the study group manual:

Tips for other study groups/facilitators:

Thank you

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