**DATE:** September 18, 2020

**PROGRAM TITLE:** Pain Rehabilitation Strategies: The Unsung Opioid Alternative

**PRESENTED BY**: Giuseppe (Joe) Siracusano, PT, DPT, MA, BSPT

**NAME**: **(Optional)** \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**: \_\_\_**\_\_\_\_\_\_\_\_\_\_**

**Low** **Average** **High**

**EVALUATION**:

1. The quality of the presentation was:  **1**  **2 3**  **4 5**

2. The degree to which the presentation met

my needs was:  **1 2 3 4 5**

3. The amount of learning I experienced was:  **1 2 3 4 5**

4. The extent to which this presentation

was relevant to my work setting was:  **1 2 3 4 5**

5. The degree to which handouts and audio-

visual aids were helpful was: **1 2 3**   **4 5**

6. The degree to which the presentation was

clear and easy to understand was: **1 2 3 4**   **5**

7. My overall evaluation of the program is: **1 2 3** **4 5**

**COMMENTS:**

**IDEAS FOR ADDITIONAL PROGRAMS:**

**Email the complete evaluation form to lthomas@regionsix.com**

**Complete the section below if requesting continuing education credit. Please allow 30 days upon receipt of evaluation for your CEU certificate.**

**I attest I attended the full webinar and I am requesting continuing education credit.**

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**Signature with credentials Date**

**E-mail address to send CEU certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**