Evaluation Form

ANNP152c23

1.4 Contact Hours (Includes 1.4 Pharmacology Contact Hours) — Expires: April 1, 2020

Contemporary Nephrology Nursing

Chapter 23
Pulmonary Hypertension

Complete the following (please print)

Name: _____

Address: _____

City: _____

Telephone: _____ Email: _____

Payment: ANNA Member: ____ Yes ____ No Member #_____

☐ Check enclosed ☐ American Express ☐ Visa ☐ MasterCard

Total Amount Submitted: _____

Credit Card Number: _____ Exp. Date: _____

Name as it appears on the card: _____

SUBMISSION INSTRUCTIONS

Online Submission

CE is offered for this chapter based on the number of contact hours awarded. Online submission of this CNE evaluation form is available at **www.annanurse.org/library**.

CNE certificates will be available immediately upon successful completion of the evaluation form.

Mail/Fax Submission

ANNA Member Price: $15
Regular Price: $25

- Send this page to the ANNA National Office, East Holly Avenue/Box 56, Pitman, NJ 08071-0056, or fax this form to (856) 589-7463.
- Enclose a check or money order payable to ANNA. Fees listed in payment section.
- A certificate for the contact hours will be awarded by ANNA.
- Please allow 2–3 weeks for processing.
- You may submit multiple answer forms in one mailing; however, because of various processing procedures for each answer form, you may not receive all of your certificates returned in one mailing.

Evaluation Form

(All questions must be answered to complete the learning activity. Longer answers to open-ended questions may be typed on a separate page.)

1. I verify I have completed this activity. ☐ Yes ☐ No _____ SIGNATURE _____
2. The learning outcome could be achieved using the content provided. ☐ Yes ☐ No
3. I am more confident in my abilities since completing this education activity. ☐ Yes ☐ No
4. The content was relevant to my practice. ☐ Yes ☐ No
5. Commitment to change practice (select one).
   - ☐ I will make a change to my current practice as the result of this education activity.
   - ☐ I am considering a change to my current practice.
   - ☐ This education activity confirms my current practice.
   - ☐ I am not yet convinced that any change in practice is warranted.
   - ☐ I perceive there may be barriers to changing my current practice.
6. What information from this education activity do you plan to implement in practice? What barriers are there to changing your current practice?

   _____

   _____

	Strongly Disagree		(Circle one)		Strongly Agree
7. This was an effective method to learn this content.	1	2	3	4	5

8. This education activity was free of bias, product promotion, and commercial interest influence.* ☐ Yes ☐ No
9. If no, please explain: _____

   _____

* Commercial interest – any entity either producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Exceptions are nonprofits, government, and non-healthcare-related companies.

Contemporary Nephrology Nursing Accreditation Statement

This offering for 1.4 contact hours (includes 1.4 pharmacology hours) is provided by the American Nephrology Nurses Association.

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This article was reviewed and formatted for contact hour credit by Sandra M. Bodin, MA, RN, CNN, *Contemporary Nephrology Nursing* editor, and Sally S. Russell, MN, CMSRN, Director of Education Services, American Nephrology Nurses Association.

Statement of Disclosure

The authors reported no actual or potential conflict of interest in relation to this continuing nursing education activity.