



COURSE EVALUATION

****COMPLETE & SUBMIT WITH YOUR EXAM****

Please take a few minutes to let us know how we are doing! Thank you!

Name: _____

Name of Course: _____ Date: _____

1. Did you achieve, or will you have achieved upon completing your studies, the goals you had when you started the course? Yes No
2. Would you recommend these studies to a friend? Yes No
3. All things considered, were you satisfied with your studies with us? Yes No
4. Where you're learning materials up to date and accurate? Yes No
5. Did the learning materials (i.e. Books, DVD's, CD's, etc.) cover the subject? Yes No
6. Overall where you satisfied with the learning materials? Yes No
7. Where the topics covered what you had expected? Yes No
8. Did assignments/exam test the subject matter adequately? Yes No
9. Where instructors/staff helpful in answering your questions? Yes No
10. Was you learning experience & materials a good value for your money? Yes No

11. If you have a pending job position, what is the name of the facility that you will be working at?
Name: _____ City: _____ St: _____

12. What will be your job position title at this facility?

13. How can AFPA be of help to you in the future?

Additional Comments:

Please be sure to include this form with your completed certification exam.