

National Imaging Associates (NIA) – Provider Relations OncologyConnectionsSM Training Evaluation and Feedback Form

YOUR FEEDBACK IS VERY IMPORTANT TO US. NIA USES YOUR RESPONSES TO IMPROVE OUR TRAINING SESSIONS AND PRESENTATION PERFORMANCE DESIGNED TO PREPARE YOUR OFFICE FOR OBTAINING RADIATION ONCOLOGY AUTHORIZATIONS. WE SINCERELY APPRECIATE YOUR TAKING TIME TO COMPLETE THIS EVALUATION FORM.

Training Session/Module Attended

Name of Presenter


Date

I am a Oncologist; Radiation Oncologist; Nurse; Technologist; Non-Clinical/Administrative Personnel

Practice Name / City

Name of Attendee (Optional)

Please check all responses that apply.

	Satisfied			
	Needs Improvement	Fair	Good	Excellent
Fill in the appropriate circle				
The presenter displayed knowledge of the OncologyConnections SM Treatment Authorization Process.	①	②	③	④
The presenter displayed knowledge of the OncologyConnections SM Clinical Guidelines.	①	②	③	④
The presenter was able to hold my attention.	①	②	③	④
The presentation was easily understandable.	①	②	③	④
My overall rating of the presenter(s) is:	①	②	③	④
The training objectives were explained clearly.	①	②	③	④
The training provided the specific content that I expected/hoped to hear and learn.	①	②	③	④
The training content matched the stated objectives.	①	②	③	④
As a result of the training session, I now understand the steps required to gain a Radiation Oncology treatment authorization.	①	②	③	④
The material, handouts and exercises helped me understand the OncologyConnections SM treatment authorization process better.	①	②	③	④
The RadMD authorization demonstration helped me understand how to obtain an OncologyConnections SM treatment authorization on RadMD.	①	②	③	④
The training was sufficient in providing desired clinical information (even though the program is designed to present administrative instruction on the authorization process).	①	②	③	④
My overall rating of the OncologyConnectionsSM training is:	①	②	③	④

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OncologyConnectionsSM Training Evaluation and Feedback Form**

The most outstanding feature(s) of this OncologyConnectionsSM training session was: _____

I was trained on what I was expecting. Yes No (please explain) _____

I feel I can confidently initiate an authorization for OncologyConnectionsSM treatment. Yes No (please explain) _____

I found the OncologyConnectionsSM Authorizations Checklist to be helpful. Yes No (please explain) _____

Improvements I suggest for this training: _____

Additional training or topics needed: _____

Additional Comments/Questions: _____

I would like an NIA provider relations representative to contact me directly to learn more about the OncologyConnectionsSM authorization process. Yes No

I would like an NIA provider relations representative to contact me directly to help me get set up for use of RadMD.com process. Yes No

I would like a NIA Clinician to contact me directly to learn more about the OncologyConnectionsSM clinical guidelines.
 Yes No

*We value your feedback and appreciate you taking the time to complete this evaluation.
Please fax completed form to 1-888-656-0579. Thank you!!*