**National Imaging Associates (NIA) – Provider Relations**

**OncologyConnections℠ 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.**

<table>
<thead>
<tr>
<th>Training Session/Module Attended</th>
<th>Name of Presenter</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am □ Oncologist; □ Radiation Oncologist; □ Nurse; □ Technologist; □ Non-Clinical/Administrative Personnel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Name / City</th>
<th>Name of Attendee (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check all responses that apply (For use of on-line forms (www.RadMD.com) : Double click the box and click “checked” then “ok”.)

**Fill in the appropriate circle**

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The presenter displayed knowledge of the OncologyConnections℠ Treatment Authorization Process.

The presenter displayed knowledge of the OncologyConnections℠ Clinical Guidelines.

The presenter was able to hold my attention.

The presentation was easily understandable.

My overall rating of the presenter(s) is:

The training objectives were explained clearly.

The training provided the specific content that I expected/hoped to hear and learn.

The training content matched the stated objectives.

As a result of the training session, I now understand the steps required to gain a Radiation Oncology treatment authorization.

The material, handouts and exercises helped me understand the OncologyConnections℠ treatment authorization process better.

The RadMD authorization demonstration helped me understand how to obtain an OncologyConnections℠ treatment authorization on RadMD.

The training was sufficient in providing desired clinical information (even though the program is designed to present administrative instruction on the authorization process).

My overall rating of the OncologyConnections℠ training is:

The presenter displayed knowledge of the OncologyConnections℠ Treatment Authorization Process.

The presenter displayed knowledge of the OncologyConnections℠ Clinical Guidelines.

The presenter was able to hold my attention.

The presentation was easily understandable.

My overall rating of the presenter(s) is:

The training objectives were explained clearly.

The training provided the specific content that I expected/hoped to hear and learn.

The training content matched the stated objectives.

As a result of the training session, I now understand the steps required to gain a Radiation Oncology treatment authorization.

The material, handouts and exercises helped me understand the OncologyConnections℠ treatment authorization process better.

The RadMD authorization demonstration helped me understand how to obtain an OncologyConnections℠ treatment authorization on RadMD.

The training was sufficient in providing desired clinical information (even though the program is designed to present administrative instruction on the authorization process).

My overall rating of the OncologyConnections℠ training is:
The most outstanding feature(s) of this OncologyConnections℠ training session was: ____________________________

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

I feel I can confidently initiate an authorization for OncologyConnections℠ treatment. □ Yes □ No (please explain) ____________________________

I found the OncologyConnections℠ 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 OncologyConnections℠ 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 OncologyConnections℠ clinical guidelines. □ Yes □ No

NOTE: Box to be removed when administering survey.

NIA IS TO MEET A SATISFACTION RATE OF 85%. THIS WILL BE DETERMINED BY THE AVERAGE SCORE. EACH RESPONSE HAS THE FOLLOWING WEIGHTING:

① 65-73  ② 74-82  ③ 83-91  ④ 92-100