



**BOARD OF REGISTERED NURSING**

P.O. BOX 944210

SACRAMENTO, CA 94244-2100

TELEPHONE (916) 322-3350

**COURSE INFORMATION**

(CALIFORNIA CODE OF REGULATIONS, SECTIONN 1456)

PROVIDER: National Black Nurses Association Inc. (NBNA)

<b>1. TITLE:</b>	<b>2. DATE(S) TO BE OFFERED:</b>
<b>3. OBJECTIVES: (BEHAVIORAL TERMINOLOGY)</b> Upon completion of the program, the participant will be able to:	
<b>4. OVERVIEW/ DESCRIPTION</b>	
<b>5. TYPE OF OFFERING: (Academic, workshop, Inservice, Homestudy, etc.)</b>	
<b>6. TEACHING METHODS:</b>	
<b>7. NUMBER OF CONTACT HOURS:</b>	
<b>8. CONTENT (OUTLINE FORM WITH REFERENCES):</b>	
<b>9. METHOD OF EVALUATION WHEN REQUIRED:</b>	

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: Irene Daniels-Lewis, PhD, RN, FAAN

Approved by: \_\_\_\_\_

Job Title:

Date: \_\_\_\_\_

Title: Program Chair

Date: \_\_\_\_\_



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**INSTRUCTORS INFORMATION**

(CALIFORNIA CODE OF REGULATIONS, SECTIONN 1456)

PROVIDER: National Black Nurses Association Inc. (NBNA)

<b>1. NAME:</b>		<b>2. LICENSE NUMBER, EXPIRATION DATE, TYPE OF LICENSE :</b>			
<b>3. EDUCATION</b>					
College/Univ.	Major Degree	Area	Year Degree Granted		
<b>4. EXPERIENCE: (START WITH MOST RECENT)</b>					
Agency	Position	Clinical Area	From (Mo/Yr)	To (Mo/Yr)	
<b>5. TEACHING EXPERIENCE: (START WITH MOST RECENT)</b>					
Course Title	Description	Location	Month/Year		
<b>5. HAVE YOU EVER HAD A COURSE IN PRINCIPLES OF ADULT EDUCATION?</b>					
YES ____ NO ____					
<b>NOTE: If course has more than one instructor, please copy this form and complete it for each instructor.</b>					

Submitted by: \_\_\_\_\_

Job Title:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: Irene Daniels-Lewis, PhD, RN, FAAN

Title: Program Chair

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

# Sign in Sheet

<b>Name of Course:</b>			
<b>Instructor:</b>			
<b>Date:</b>			
<b>Location:</b>			
<b>Print Full Name As on license</b>	<b>Signature</b>	<b>License Type/number</b>	<b>Email Address</b>

*Please complete evaluation form on reverse side of Sign-in-Sheet. Thank you!*

**EDUCATION PROGRAM EVALUATION**

**PROGRAM TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1. Please circle number for your ratings: 5=Excellent; 4=Very Good; 3=Good; 2=Fair; 1=Poor**

A. Stated program objectives were achieved  
**Low 1 2 3 4 5 High**

D. Effectiveness of audiovisual instrumental Strategies  
**Low 1 2 3 4 5 High**

B. Quality and thoroughness of the program content  
**Low 1 2 3 4 5 High**

E. Extent the physical facilities were conducive to learning  
**Low 1 2 3 4 5 High**

C. Program's usefulness and job applicability  
**Low 1 2 3 4 5 High**

F. Rate the program overall  
**Low 1 2 3 4 5 High**

**2. Please rate the instructor's ability: (1=Low/Poor; 5=High/Excellent)**

Speaker (s)	Communicates in a clear and interesting manner					Presents in an organized manner					Mastery of the subject matter				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>