



Please complete and place on top of your post-test/CE evaluations, sign-in sheets and program checklist when returning to RMEI, LLC.

Center: _____

Center Contact Name: _____

Center Contact Phone: _____

Center Contact Email: _____

Date of Program: _____

Number of Program Attendees

Psychiatrists _____

Registered Nurses _____

Psychologists _____

Social Workers _____

Physician Assistants _____

Case Managers _____

Nurse Practitioners _____

Other _____

Number of post-test/CE evaluations enclosed _____

Facilitator Comments: _____

