



Form Q1 - CSI CEN Presenter / Instructor Quality Assurance Statement

Quality assurance statements are designed to ensure that all individuals conducting educational programs are aware of, and committed to providing the highest quality programs possible. Registered Providers must keep a signed copy of this document on file for every individual who presents or instructs educational programs registered with CSI CEN.

Every individual who presents or instructs educational programs registered with CSI CEN must review and agree to the following statements:

1. I will conduct the registered program without sales or marketing bias.
2. I will not alter the content of the program from its original state by more than 25% (as it was registered with the CSI CEN), however, I understand that minor customization for the purpose of location or audience is acceptable.
3. I will make every effort to make my presentation and associated materials as meaningful and engaging to Learners as possible.
4. I will make every reasonable effort to deliver programs within the timeframe for which the program was designed (minimum of 1 hour).
5. I will ensure that company logos, product name, and branding are limited to the first and last slides only of any presentation or program materials.
6. I will ensure that the CSI CEN Registration slide is included and displayed for the participants at the beginning of the educational portion of a program, as well as a statement at the end announcing the conclusion of the educational portion of the program.
7. I will develop and include three learning outcomes toward the beginning of my presentation and/or program materials.
8. I will make participants aware their attendance is required for the entire program for credit to be issued. Partial credit is not given for partial attendance.
9. When possible, I will distribute and collect an evaluation form to gather feedback about the program and use that information to improve future programs.
10. I will defer product and proprietary specific questions of my products/services until the conclusion of the educational portion of the program.
11. I understand that my agreement to all of the above is key to the ongoing success of both the CSI CEN and my organization's programs.

Upon request from the CSI CEN Registered Provider:

12. I will collect accurate attendee information including first and last names, CSI membership numbers (if applicable) and attendee phone numbers.
13. I will forward the above information to the online credit system (or the person responsible for submitting the information) following the conclusion of the program.
14. I will provide a completion certificate to any participant who requests one.

Presenter Name: _____

Presenter Organization: _____

Signature: _____

Date: _____

Presenter Address: _____

Telephone: _____

Email: _____

Fax: _____

Provider Organization: _____



Sample Educational Program Evaluation Form

This sample evaluation form is designed to be used for post-program evaluation by Learners. CSI CEN Registered Providers are required, where possible to solicit feedback from Learners for all program types. The information gathered from this evaluation should be used to improve the quality of the Provider's educational offerings. Presenters/Instructors should be provided with the results of the evaluation.

Program Title: _____ Program Date: _____

Location: _____
(If non-distance program, City, State where you completed the program)

Presenter/
Instructor: _____
(leave blank if program is self-paced)

Provider Name: _____
Your
Occupation: _____

CHECK ONLY ONE BOX PER STATEMENT

	Poor 1	Fair 2	Average 3	Good 4	Excellent 5
1. Your overall satisfaction level with the educational program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Relevancy of the program content, ideas and concepts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Materials presented were appropriate for my level of expertise (e.g. Basic, intermediate, advanced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quality level of program materials (audio/visual, handouts, etc):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Level of knowledge, and presentation skills of the Presenter/Instructor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Material presented met my expectations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No			
7. Recommend this topic for future education programs:	<input type="checkbox"/>	<input type="checkbox"/>			

Can you suggest any improvements to this program?

Do you have any suggestions for future programs?

Additional comments or feedback:

SUBMIT YOUR EVALUATION FORM TO THE PRESENTER/INSTRUCTOR, OR DEPOSIT IT AT THE REGISTRATION TABLE BEFORE YOU LEAVE.