



9163

Educational Activity

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

Title: NYSNA Annual Lobby Day 2014 - The Politically Active Nurse: Part I

Location: Empire State Plaza Convention Center, Albany, NY

Date: March 26, 2014

Instructions: Please complete the following statements by shading the circle that best describes your rating. The rating scale ranges from poor to excellent.

Regional Team Number - Attended today

1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | Poor | Fair | Good | Excellent |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. To what extent did the objectives relate to the overall purpose? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. To what extent have you achieved the objectives of this session? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Rate the expertise of the bus presenters. | | | | |
| a) (name of presenter) _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) (name of presenter) _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. To what extent were the teaching strategies appropriate? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Overall, the program was...? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Was this program fair, balanced, and free of commercial bias? | <input type="radio"/> | <input type="radio"/> | | |
| | Yes | No | | |

Comments: Please confine your comments to the box provided.



34353

Educational Activity

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

Title: NYSNA Annual Lobby Day 2014 - Lobbying for Safe Staffing

Location: Empire State Plaza Convention Center, Albany, NY

Date: March 26, 2014

Instructions: Please complete the following statements by shading the circle that best describes your rating. The rating scale ranges from poor to excellent.

Regional Team Number - Attended today

1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | Poor | Fair | Good | Excellent |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. To what extent did the objectives relate to the overall purpose? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. To what extent have you achieved the objectives of this session? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Rate the expertise of the presenters. | | | | |
| a) Judy Sheridan-Gonzalez | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Marva Wade | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Anne Bove | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Carol Anne Lemon | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Gwen Lancaster | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Jill Furillo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Pat Kane | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Anthony Ciampa | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Jackie Gilbert | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. To what extent were the teaching strategies appropriate? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Overall, the program was...? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Was this program fair, balanced, and free of commercial bias? | <input type="radio"/> | <input type="radio"/> | | |
| | Yes | No | | |

Comments: Please confine your comments to the box provided.



50691

Educational Activity

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

Title: NYSNA Annual Lobby Day 2014 - The Politically Active Nurse: Part II

Location: Empire State Plaza Convention Center, Albany, NY

Date: March 26, 2014

Instructions: Please complete the following statements by shading the circle that best describes your rating. The rating scale ranges from poor to excellent.

Regional Team Number - Attended today

1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Poor	Fair	Good	Excellent
------	------	------	-----------

1. To what extent did the objectives relate to the overall purpose?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

2. To what extent have you achieved the objectives of this session?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

3. Rate the expertise of the bus presenters.

a) (name of presenter) _____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

b) (name of presenter) _____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

4. To what extent were the teaching strategies appropriate?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

5. Overall, the program was...?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

6. Was this program fair, balanced, and free of commercial bias?

<input type="radio"/>	<input type="radio"/>
Yes	No

Comments: Please confine your comments to the box provided.



23885

New York State NURSES ASSOCIATION

Continuing Nursing Education Certificate

*Directions: Shade the circle beside the session(s) you attend, write the number of contact hours earned to the right of each session, and total the contact hours at the bottom.

Verification of Attendance

ID# : (found on badge)

Shade circles ●
Not like ☒ ○

--	--	--	--	--	--

Write ID # in boxes.

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Shade in the corresponding numbers in the circles.

Please print and press firmly

Name _____

Home Address _____

City _____ State _____ Zip _____

I verify that I attended each session as indicated on right. I have earned the number of contact hours indicated on this form.

Signature _____ Date _____

This is to certify successful completion of the continuing nursing education courses listed.

Carol Lynn Esposito

Carol Lynn Esposito, Ed.D., JD, M S, RN
Director
Nursing Education and Practice Department

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



11 Cornell Road, Latham, NY 12110-1499
518 782-9400 Fax 518 782-9533

NYSNA Lobby Day 2014 Day of Action for Safe Staffing

WEDNESDAY, MARCH 26, 2014

- The Politically Active Nurse: Part 1.....1.5_____
- Lobbying for Safe Staffing.....4.5_____
- The Politically Active Nurse: Part 2.....0.5_____

TOTAL CONTACT HOURS EARNED _____

23885

New York State NURSES ASSOCIATION

Continuing Nursing Education Certificate

*Directions: Shade the circle beside the session(s) you attend, write the number of contact hours earned to the right of each session, and total the contact hours at the bottom.

Verification of Attendance

ID#: (found on badge)

Shade circles ●
Not like ☒ ☑

--	--	--	--	--	--

Write ID # in boxes.

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Shade in the corresponding numbers in the circles.

Please print and press firmly

Name _____

Home Address _____

City _____ State _____ Zip _____

I verify that I attended each session as indicated on right. I have earned the number of contact hours indicated on this form.

Signature _____ Date _____

This is to certify successful completion of the continuing nursing education courses listed.

Carol Lynn Esposito

Carol Lynn Esposito, Ed.D., JD, MS, RN
Director
Nursing Education and Practice Department

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



11 Cornell Road, Latham, NY 12110-1499
518 782-9400 Fax 518 782-9533

NYSNA Lobby Day 2014 Day of Action for Safe Staffing

WEDNESDAY, MARCH 26, 2014

The Politically Active Nurse: Part 1.....1.5_____

Lobbying for Safe Staffing.....4.5_____

The Politically Active Nurse: Part 2.....0.5_____

TOTAL CONTACT HOURS EARNED _____