

**EVALUATION FORM: Continuing Education Workshop**  
***International Institute for Restorative Practices***

*Motivational Interviewing*  
*April 23-24, 2020 CEs: 14*  
*Location: Bethlehem, PA*  
*Presenter(s): Dawn Schantz*

Please fill out the following information if you would like a CE certificate. NASW-PA e-mails certificates (PDF format).  
NASW-PA has been designated as a pre-approved provider of professional continuing education for Social Workers (47.36), Marriage and Family  
Therapist (48.36) and Professional Counselors (49.36) in the state of PA. This signed form must be mailed (when paying by check or money order) to the  
office at the address below with payment to receive a certificate. \$15 NASW members, \$25 nonmembers  
Please submit this evaluation within 3 months of training date.

***Please return this form & payment to NASW-PA, 1000 Bent Creek Blvd, Suite 40, Mechanicsburg, PA 17050***

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ NASW member? Yes No  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ ALL Certificates will be Emailed

**By signing below you attest that you signed in each day at the registration area and attended this workshop in its entirety.**

	Signature _____				Date _____
	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
The course met my expectations:	_____	_____	_____	_____	_____
Instructor's presentation:	_____	_____	_____	_____	_____
Comprehensiveness of course presentation:	_____	_____	_____	_____	_____
Course materials:	_____	_____	_____	_____	_____

**Two things I learned from attending the workshop** \_\_\_\_\_  
\_\_\_\_\_

What part of the course did you find **most** helpful? \_\_\_\_\_  
\_\_\_\_\_

What part of the course did you find **least** helpful? \_\_\_\_\_  
\_\_\_\_\_

*If paying by credit card, fax to 717-697-5686 or e-mail to [anewkam.naswpa@socialworkers.org](mailto:anewkam.naswpa@socialworkers.org) or [asagen.naswpa@socialworkers.org](mailto:asagen.naswpa@socialworkers.org)*

If you would like to pay by **VISA or MasterCard** fill the following information, if not please include check or money order

Name on Card: \_\_\_\_\_

CC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ CCV (3 digit): \_\_\_\_\_

Signature of authorization: \_\_\_\_\_