

HOW ARE WE DOING?

Program Feedback Form

Name: _____

Address: _____

Telephone #: _____

E-Mail: _____

Name of Event: _____

Date of the event: _____

We welcome your feedback about the program.

Multiple horizontal lines for providing feedback.

Please return this form within 30 days. You will hear back from us within 10 business days upon receipt of this document. If you do not hear from us or want to speak with someone directly, please call (517) 353-3060 and ask to speak with the Assistant Program Coordinator.

E mail: swkce@msu.edu

Fax: 517-353-2599

Mail: MSU School of Social Work Continuing Education
Baker Hall, 655 Auditorium Road Room 212, East Lansing, MI 48824

MSU Social Work Continuing Education www.socialwork.msu.edu/ceu 517-353-3060

MSU School of Social Work is approved as a provider of social work continuing education by a national credentialing body, the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) – Provider #1136. To contact ASWB ACE, write to 400 South Ridge Parkway, Suite B, Culpeper, VA 22701, or visit www.aswb.org

OFFICE USE ONLY

Provide feedback regarding the following: choose all that apply

- ADA Request, Course content, CE Certificate, Change in Advertised Schedule, Site Complaint or Problem, Cancelled Event, Discrepancy in Assignment of CE hours, Issue with Handouts and/or References, Act of God/Weather, Other: _____

Date form received _____ email fax mail

Staff Initials _____ Date Assistant Coordinator notified _____