



MOA Name (print): _____

Mailing Address: _____

Clinic Name / Phone: _____

Circle one: Strongly disagree – 1 Disagree – 2 Neutral – 3 Agree – 4 Strongly agree – 5 n/a – not applicable

	1	2	3	4	5	n/a
Information was presented clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information presented was interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned something from the presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information was relevant to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the Zoom format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable returning to work / having more patients in office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in my knowledge of WorkSafe BC procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that my office meets Work Safe BC requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like more learning sessions via Zoom? Yes _____ No _____

If “yes”, what topics would you like to see covered?

1. _____ 3. _____

2. _____ 4. _____

How could the Division support your office? (i.e. signage / posters / other? _____

How are you feeling? _____

General Comments and Suggestions: _____

Email completed form to pcrough@divisionsbc.ca or fax to 1-778-696-8999

Thank you for your feedback.