

Teleseminar Evaluation Form

Title: Get a Jump Start on your Legal Nurse Consulting Business

Instructor: Victoria Powell

Moderator: Patricia Iyer MSN RN LNCC

1. How would you rate the instructor? ___Excellent ___Good ___Average___ Poor
2. Please evaluate the extent to which objectives were met. After participating in the program I am prepared to:

OBJECTIVES:	Fully	Partially	Not at all
1. The learners will identify if starting a new LNC business is right for them			
2. The learners will adequately locate a business plan sample and be able to synthesis information into their own business plan in determining if they can make a profit, define the business, and anticipate difficulties			
3. The learner will be able to give examples of three marketing concepts			
4. The learner will be able to outline the essentials required before quitting their day job to pursue LNC work fulltime			
5. The learner will be able to take the principles discussed and compose a list of resources that will increase their competitiveness in their LNC business			

1. Which of the following is the **least** expensive marketing tool?
 - a. Website
 - b. Networking
 - c. Business cards
 - d. Reputation for producing great work product
2. Which of the following is to be avoided when networking?
 - a. Set a goal to meet new people
 - b. Act as a host rather than an attendee
 - c. Listen and ask questions
 - d. Go directly to your seat when you arrive for the meeting
3. Marketing is mixture of providing value, solving problems, and development of relationships. What marketing activity listed below is likely to have the most impact on a potential client on a long-term basis?
 - a. Personal story, joke, catchy phrase or other memorable scenario
 - b. Glossy, full color business card

- c. Firm handshake
 - d. Sharing knowledge in form of blog or newsletter
3. Comments about this teleseminar:

May we use your comments in our marketing? If so, please provide your name, profession (nurse, attorney) and city/state.

Name:

Profession:

City/State

4. How could this program be improved?
5. What are your suggestions for future topics?

If you do not wish to have one nursing contact hour, please return only this form by email to contactus@medleague.com or by fax to 908-806-4511 or by mail to Patricia Iyer Associates, 260 Route 202-31, Suite 200, Flemington, NJ 08822. If you wish nursing contact hours, both the evaluation form and post test are to be sent to Taylor College at the address on the next page.

Nursing Contact Hour Post Test

Title:

Circle the letter that best answers the question.

Name:

Address:

Street, City, Zip

Please return the post test and evaluation form to:

Norman Heavens
Taylor College
PO Box 93666
Los Angeles, CA 90093-0666

A check for \$15.00 written to Taylor College should accompany the post test and evaluation form. You may call in a credit card number, if you prefer, to 1-800-743-4006. Please contact Norman Heavens with any questions. Do not send \$15.00 or the forms to Patricia Iyer Associates or Med League Support Services.