

Teleseminar Evaluation Form

Title: Secrets of Success as an Inhouse LNC

Instructor: Elizabeth Zorn

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. Learn the most effective ways to identify and secure a in-house job in a law firm			
2. Learn the roles and responsibilities of an in-house LNC			
3. Learn the ways to make yourself invaluable to litigation attorneys			

Post test

1. True or False: During an interview for an inhouse LNC job, the approach should vary with whether the firm or attorney has used an LNC before.
2. Which of the following entities determines an inhouse LNCs title, role and responsibilities?
 - a. The state Board of Nursing
 - b. The partnership in the law firm
 - c. The American Association of Legal Nurse Consultants
3. The single **most** effective means of securing an inhouse job is:
 - a. Sending a cover letter and resume to those firms which do medical legal work;
 - b. Answering an ad for an inhouse position;
 - c. Making personal contacts with LNCs or attorneys within the legal community
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 ML@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.