



PARTICIPANT QUESTIONNAIRE

BIO ESSENCE HEALTH SCIENCE CEP1622

CE Provider Name and Number

Date(s) of Course

Course / Seminar Title

Instructor Name

Participant's Name, License Number and Email

Date of Evaluation

Where did you attend continuing educational course? (您在何處參加繼續教育課程?)

Select one answer

- From home internet video
- Through phone call
- Other (please specify)

Did you satisfy with the content and provided materials of the course? (您對課程內容和提供的資料是否滿意?)

Select one answer

- Very satisfied
- Satisfied
- Poor
- Other (please specify)

What did you gain most from the course provided? (您對課程最大的收穫是什麼?)

Select one answer

- Expand thoughts
- Improve protection and prevention of corona virus outbreak
- Enhance clinical treatment
- Other (please specify)

Do you feel that you will be able to apply what you have learned today to your practice.

(您是否認為今天所學的課程可以應用到實際的臨床上?)

Additional Comments: (建議事項)

Please Mail to mina@bioessence.com