



Oklahoma Geriatric Education Center  
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### Scholars Program Activity Form

The following form is used to track your participation in the Scholars Program with the Oklahoma Geriatric Education Center. Please complete this form and send it to your coordinator. Your coordinator will get the information to the OkGEC. Thank you!

Scholar's Name \_\_\_\_\_

Name of Scholar's activity or program, event, reading, etc.  
\_\_\_\_\_

Speaker/Author Name \_\_\_\_\_

Date \_\_\_\_\_

Duration in Hours \_\_\_\_\_

Activity Evaluation:

<b>The content of the Activity was:</b>					
	Not Appropriate For Me			Very Appropriate For Me	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I could understand the issues in gerontology/geriatrics better after this program:</b>					
	Strongly Disagree			Strongly Agree	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The program will help my professional development:</b>					
	Strongly Disagree			Strongly Agree	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The program has led to new ideas that I will try out in my work setting:</b>					
	Strongly Disagree			Strongly Agree	
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>