

CNE Approval Process Survey

The CE Approver Unit Committee members are interested in how you rate our services throughout the continuing nursing education approval process, and how we can better meet your needs. Your feedback provides necessary information needed to monitor and maintain the quality of continuing nursing education in Missouri. Please complete and return this survey by mail to the MONA office, Attn: Sara Fry, P.O. Box 105228, Jefferson City, MO 65110; by fax to 573.636.9576; or by email to sara@missourinurses.org. Your assistance is greatly appreciated! Thank you.

MONA CNE PEER REVIEW APPROVAL PROCESS SURVEY

1. Did you use the 6th edition of the *Continuing Education Excellence in Missouri: Provider Approval or Education Activity Approval* manual when completing your application for approval? Yes No
2. Was this manual useful in preparing an application for MONA approval? Yes No
3. Were application instructions clear and easy to follow? Yes No
4. Did you refer to the MONA web page for assistance in the application process? Yes No
5. Was the information pertaining to the application process on the MONA web page helpful? Yes No
6. If additional information was requested for your application, did you receive adequate instructions on how to respond? Yes No
7. If approval of your application was deferred, were reasons supplied and adequate directions given? Yes No
8. Was the MONA staff courteous? Yes No
9. Was the MONA staff helpful? Yes No
10. Overall how would you rate your experience with the MONA CNE Approval Process? 1 2 3 4 5
(1 being Excellent and 5 being Poor)

Comments: _____

Suggestions for Improvement: _____

(Optional) Name: _____
Email Address: _____
Phone Number: _____

