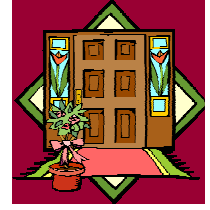




Wyoming Department of Health Division of Healthcare Financing



We hope you found this training helpful! To help us better serve you, please complete this survey and return to Linda Flynn, Program Manager at linda.flynn@wyo.gov or fax at 307-777-8685. Thank you!

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------|----------|----------|----------|
| Training Title | Training Electronic Medicaid Waiver System | | | | |
| Trainer (s) | Colleen Noon, Ryan Fagan | | | | |
| Location | CenturyLink Bldg, Room 186, Cheyenne, WY | | | | |
| Date | 2-7-2012 | | | | |
| Length of Training | 2.5 hours | | | | |
| Please rate the following with 5 being best. | 1 | 2 | 3 | 4 | 5 |
| 1. Did the training meet your expectations? Comments: | | | | | |
| 2. Was the length appropriate? (too long, too short, just right, other) Comments: | | | | | |
| 3. Do you have the information you need to use the new system? Comments: | | | | | |
| 4. Was the material presented in a way that facilitates your understanding? (Speak clearly, good eye contact, right tone, easy to understand, etc.) Comments: | | | | | |
| 5. Was the presentation well organized? Comments: | | | | | |
| Suggestions for improvement: | | | | | |
| Additional comments: | | | | | |