



317 NE 13th Street
Oklahoma City, OK 73104
www.okmom.org



Oklahoma Mission of Mercy Evaluation Form

Volunteers, you are the heart of this event. We value your service!

OkMOM 2010 would not be such a huge success without you!

Please return this form to the box provided at the Volunteer Check-in booth or the Volunteer Hospitality Room.

Participant Identification (please mark the same as indicated on your name badge)

<input type="checkbox"/> Dentist	<input type="checkbox"/> Dental Student	<input type="checkbox"/> Hygienist	<input type="checkbox"/> Hygiene Student
<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Dental Assisting Student	<input type="checkbox"/> Physician	<input type="checkbox"/> Medical Student
<input type="checkbox"/> Nurse	<input type="checkbox"/> Nursing Student	<input type="checkbox"/> Translator	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> General Volunteer			

What can we improve? _____

What did we do well? _____

Do you have a good story for us? We are looking for testimonials from your experience here: _____

Anything else? _____

– OKLAHOMA CONTINUING EDUCATION REPORTING CARD –

Course Title: Oklahoma Mission of Mercy (OkMOM)

Sponsor Name: Oklahoma Dental Association

Signature of Sponsor: Stephanie Trougakos for the ODA, an  - certified CE provider

Hours of Volunteer Service: _____ Date of Volunteer Service: _____

I certify the above information is accurate.

License #: _____ Signature of Licensee _____

Please Print Name: _____

Thank you! Please return this form to the boxes provided at the Volunteer Check-in booth, Volunteer Hospitality Room, or mail to the Oklahoma Board of Dentistry, 201 NE 38th Terrace, #2, Oklahoma City, OK 73105.