

Brain Injury Network of Northern Michigan Presentation

Certified Brain Injury Specialist (CBIS) Evaluation Sheet

Date: October 19 2023

Your Name: _____

Presenter: Philip Muccio

FES for pain management and improving function in neurological conditions

1. The presentation met the objectives.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

2. The presentation will increase my understanding and care for the client with a brain injury.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

3. Comments:

Please return this form before leaving this evening, sign out and receive your CBIS certificate.