

ANSWER-SHEET COURSE #0007785

Print and use this page to record your answers. Circle only one answer per question. The online quiz and this course booklet contain the same questions. Once you circle all your answers, go online and transfer your answers to the online quiz page or mail this page and your fees to the address at the bottom of this page.

HIV/AIDS SALON COURSE ANSWER SHEET

1. TRUE FALSE	6. TRUE FALSE	11. TRUE FALSE	16. TRUE FALSE
2. TRUE FALSE	7. TRUE FALSE	12. TRUE FALSE	17. TRUE FALSE
3. TRUE FALSE	8. TRUE FALSE	13. TRUE FALSE	18. TRUE FALSE
4. TRUE FALSE	9. TRUE FALSE	14. TRUE FALSE	19. TRUE FALSE
5. TRUE FALSE	10. TRUE FALSE	15. TRUE FALSE	20. TRUE FALSE

PHONE NUMBER: 407-796-3472 You can E-mail us at: info@cosmetologyceo.com

A U]`h`g`dU[Yž`nci f`Vti fgY`ZYg`cZ`~`' , "" , ž`UbX`h`Y`]bZcfa Uh]cb`g\`YYhcb`h`Y`bYI h`dU[Yž`hc`h`Y`UXXfYgg`VY`ck ""`A`U`_`Y`nci fW`YW`_`cf`a`cbYmcfXYf`dUmUV`Y`hc` : @79C

Mail to: FLCEO
6284 STARHILL DRIVE
MILTON, FL 32570

Thank you for choosing "FLCEO"
"Florida Cosmetology Educators Online"

Information / Evaluation Page-site1

Please fill out the information below, including the Course Training Method Evaluation. You can complete the course online by taking the online quiz. after reading this training booklet. Taking the quiz online will save you time and money. If you would like to complete the quiz online Click Here. Otherwise mail this page, the completed Answer Sheet , and your payment of \$38.38 by either check or money order, to the address at the bottom of this page. Make sure you use an active and accurate email address so you can receive your certificate of completion and **print all information very clearly!**

Name _____
First Name Last Name

Address _____

City _____ State _____ Zip _____

Day Phone _____ () _____ Evening Phone _____ () _____

Signature _____ Date _____

* E-mail address _____

*An E-mail address is required for you to gain access to the certificate of course completion, a necessary component of the renewal process. To receive credit from the state for the continuing education credits you earned with this course it is necessary that you provide your email address so we can send you the link to the certificate page to print yours.

If you have ever held a Florida Cosmetology License, please include the license number and name.

FL License # _____ Name as seen on your license: _____

Course Training Method Evaluation

On a scale of 1 to 10, 1 to disagree and 10 to completely agree, please rate this course. Circle one only.

- | | |
|------------------------------------------------------|----------------------|
| 1) The course will benefit my work performance. | 1 2 3 4 5 6 7 8 9 10 |
| 2) I found the information too difficult. | 1 2 3 4 5 6 7 8 9 10 |
| 3) The course was clear and well organized. | 1 2 3 4 5 6 7 8 9 10 |
| 4) I would recommend this course to others. | 1 2 3 4 5 6 7 8 9 10 |
| 5) I found the information to be current. | 1 2 3 4 5 6 7 8 9 10 |
| 6) I found the instructional method to be effective. | 1 2 3 4 5 6 7 8 9 10 |
| 7) The content of this course met my expectations. | 1 2 3 4 5 6 7 8 9 10 |
| 8) I would rate this course, | 1 2 3 4 5 6 7 8 9 10 |

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If faxing your payment call before faxing, complete the following section carefully, and fax this Page and the Learning Assessment Answer Sheet Page.

Card Billing Information:

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Name on card: _____

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State: _____ Zip Code: _____

USPS Mailing Instructions:

If you will be sending your payment and Post Course Learning Assessment by US Mail read and follow the instructions below.

Send:

1. The Post Course Learning Assessment
2. The Information / Evaluation Page
3. A Check or Money Order for \$38.38
4. Make payable to **FLCEO**

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