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COURSE TITLE AND NUMBER	COURSE DATE	STATE
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Have you been able to apply the training received in tis EMI course in your job or work assisgment? Check one.

Yes (Please go to block 1)

No (Please go to block 2)

Block 1 - If you answered "Yes", how did you use the EMI training? Plsease describe any direct benefits to your agency or community?

Block 2 - If no, Could any difference in the course materials or instruction have made the course more useful?

Please use the enclosed envelope to return this survey by \_\_\_\_\_

Thank You.