

In-Service Training @ Tampa (AOSW Pre-Conference)

Please fill out the information below to reserve your spot for Cancer and Careers In-Service Training in Tampa on Tuesday, May 3, 2016.

* Required

1. **First Name ***

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2. **Last Name ***

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3. **Email Address ***

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4. **Phone Number ***

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5. **Address ***

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6. **City ***

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7. **State ***

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8. **Zip Code ***

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9. **Company/Organization**

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10. **Title/Role**

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11. **What type(s) of cancer do your patients have? ***

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12. **How did you hear about this in-service? ***

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13. **Are you planning on requesting free continuing education credits? ***

Mark only one oval.

- Yes, from the Oncology Nursing Society
- Yes, from the National Associate of Social Workers
- Yes, from the California Board of Behavioral Sciences
- Yes, from the California Board of Registered Nursing
- Yes, a general certificate of participation
- N/A

Needs Assessment

We appreciate your time to answer the questions below so that we may better address your needs during the in-service program.

14. **What is the average age of the patients you serve? ***

Mark only one oval.

- Under 18
- 18-25
- 26-40
- 41-50
- 51-60
- 61-70
- 71-80
- Over 80

15. **How many of your patients work through treatment or return to work soon after? ***

Mark only one oval.

- All
- Most
- Half
- Some
- None
- N/A

16. **Do your patients ask you to help them determine if they are ready to return to work? ***

Mark only one oval.

- Yes
- No
- N/A

17. **If yes, do you have a process in place to help you make that assessment? ***

Mark only one oval.

- Yes, it works very well
- Yes, but there is room for improvement
- No, one size wouldn't fit all
- No, but that would really help
- N/A

18. **Do your patients ask for guidance on how they can continue to work while going through treatment? ***

Mark only one oval.

- Yes
- No
- N/A

19. **If yes, what do you generally suggest?**

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20. **Have your patients ever expressed concern about sharing their diagnosis at work? ***

Mark only one oval.

- Yes
- No
- N/A

21. **Do your patients complain of chemo brain and its impact on their ability to focus at work? ***

Mark only one oval.

- Yes
- No
- N/A

22. **Do your patients ever talk to you about how to overcome the side effects of treatment at work? ***

Mark only one oval.

- Yes
- No
- N/A

23. **In order to help your patients prepare for the job search process, have you ever done mock interviews with them? ***

Mark only one oval.

- Yes
- No
- N/A

24. **Have your patients ever asked you for help navigating short and long-term disability insurance options? ***

Mark only one oval.

- Yes
- No
- N/A

25. **Has a patient ever asked you to fill out a medical certification form for them? ***

Mark only one oval.

- Yes
- No
- N/A

26. **Are you familiar with the protections provided to cancer patients under the Americans with Disabilities Act? ***

Mark only one oval.

- Yes
- No
- N/A

27. **Are you familiar with the protections provided to cancer patients under the Family and Medical Leave Act? ***

Mark only one oval.

- Yes
- No
- N/A

28. **Have your patients ever mentioned possible discrimination they were feeling at work either during or post-treatment? ***

Mark only one oval.

- Yes
- No
- N/A

29. **Have you ever advised a patient to seek legal advice for a workplace-related issue? ***

Mark only one oval.

- Yes
- No
- N/A

30. **Do you feel confident that you know where to refer patients seeking legal advice for workplace-related issues? ***

Mark only one oval.

- Yes
- No
- N/A

31. **What is the biggest concern your patients have about returning to work?**

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