nutraMetrix®

NC FIELD EVALUATION FOR CERTIFICATION/RECERTIFICATION

Name of Your NC……..

Print Name of Health Professional ……..
Office Practice Name & Address ……
…….
…….
Date of Evaluation…….

Using the following scale, please rate your NC for each category based on his/her performance for the year.

5- Highly favorable/strongly agree
4- Favorable/Agree
3- Average
2- Unfavorable/Disagree
1- Highly unfavorable/strongly disagree

……. Available both on a consistent basis and when needed.
……. Courteous, professional and pleasant to me and my staff.
……. Demonstrates a good level of knowledge about the nutraMetrix® products.
……. Knows the services and programs available for nutraMetrix®.
……. Represents nutraMetrix® products and services with integrity and honesty.
……. Keeps me well informed of new changes including: new products, programs and policies.
……. Meets or exceeds my expectations in service and performance.

Please write any comments about your NC (optional):

……(Health Professional signature)

On the back, feel free to provide us any comments or suggestions on the Health Professions Program or nutraMetrix products.