

**Georgia Nurses Association Continuing Education Review Committee**  
**3032 Briarcliff Road NE, Atlanta, GA 30329-2655**  
**404/325-5536 or 800/324-0462 • 404/325-0407 FAX**  
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**Educational Activity Review Tool**

Reviewer:

Return By:

Title:

ID#:

Directions: Mark + or ✓ if criterion is met.

Mark - or O if criterion is not met.

CRITERIA	MEETS CRITERIA	COMMENTS
<b>Demographics:</b> Title, date, applicant, p. 1		
<b>A. 1. and 2. Human Resources</b> Administrator & Planning Committee identified, bio forms provided; 1 BSN or higher RN		
<b>B. Target Audience and Need</b> 1. Audience identified		
2. Needs assessment identified		
<b>C. Purpose of activity</b>		
<b>D. Presenters/Content Specialists</b> 1. Listed on p. 2 – name & credentials		
2. Bio forms & vested interest completed for each		
3. Identified how informing learners of vested interest		
<b>E. Objectives</b> Written in measurable terms		
<b>F. Content</b> Flows from objectives, more than restatement		
Enough time allotted?		
<b>G. Teaching Methods</b> Appropriate to content		
<b>H. Co-providership</b> Space checked if not co-provided		
Agreement provided if applicable & p. 3 completed		
<b>I. Commercial Support</b> 1. Checked no commercial support provided		
2. If yes, listed who providing		
3. Checked support is not influencing activity		
4. Describe how learners informed of support		

<b>J. Evaluation</b>		
1. Description		
2. Form: Achievement of objective(s)		
Each presenter listed		
3. Description of how evaluation data used		
4. Description of how learners will be provided feedback		
<b>K. Participation/Completion</b>		
1. Verifying participation		
2. Successful completion		
3. How learners informed		
<b>K. 4. Certificate</b> – Included and complete: space for name, title, full date, contact hours awarded, name & address of provider, correct approval statement ( <b>This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.</b> )		
<b>L. Records</b>		
Checked statement of commitment, confidentiality		
Identified where stored		
<b>M. Contact hour calculation</b>		
If live, schedule included		
If independent study:		
• effectiveness of study		
• method of calculating contact hours		
<b>N. Advertising material</b> –Consistent with application information? IF approval statement used—used correctly.		

**RECOMMENDATIONS:** Please check the appropriate statements.

**APPROVED** (all criteria met) for \_\_\_\_\_ CONTACT HOURS.

**APPROVED PENDING RECEIPT OF:**

**NOT APPROVED.** The following criteria are not met:

**DATE REVIEW COMPLETED:**