

**Individual Educational Activity Review Tool**

<b>REVIEWER:</b>	<b>RETURN BY:</b>
<b>TITLE:</b>	<b>ID#</b>

Directions: Mark + or ✓ if criterion is met.

Mark - or O if criterion is not met.

CRITERIA		COMMENTS
<b>Section I: Demographic Data</b>		
Title, applicant, date, contact hours, type activity, fee		
<b>Section II: Human Resources</b>		
Contact Person		
<b>Section III: Educational Design</b>		
<b>Key Element I: Assessment of Learner Needs</b>		
A-1 Description of needs assessment		
A-2 Findings from needs assessment		
B. Target audience identified		
C. Needs assessment used to plan activity		
<b>Key Element 2: Qualified Planners and Faculty</b>		
A. Nurse Planner/Planning Committee		
1. Nurse Planner listed (name and degrees)- RN with a minimum Bachelor in Nursing		
2. Explanation of how nurse planner has CE knowledge		
3. Nurse Planner involved in all planning/evaluation		
4. Other planning committee members listed		
5. Person with content expertise listed		
6. Person who represents target audience listed		
7. Biographical/conflict of interest forms		
8. Quality of education activity ensured		
B. Faculty/Presenters/Authors		
1. Description of how qualifications identified		
2. Listed with name and credentials		
3. Biographical/conflict of interest forms		
<b>Key Element 3: Effective Design Principles</b>		
A. Learning goal (purpose)		
B. Identified gaps in knowledge		
C. Objectives-written in measurable terms		
D. Content –key points outlined		
E. Time frame appropriate		
F. Presenter/Author		
G. Teaching learning strategies appropriate		
H. Learner Feedback		
I. Criteria for successful completion		
J. Rationale for successful completion		
K. Participation verified		

<b>Key Element 4: Contact Hours Calculation</b> A. If live, schedule included and complete B. If independent study, description of how calculated and contact hours included		
<b>Key Element 5: Activity Evaluation</b> A. Form included (must include at a minimum, achievement of objectives-EACH objective listed separately or referenced in another document, teaching effectiveness of EACH presenter). B. Method used to evaluate activity C. Category of evaluation D. Description of how evaluation data used		
<b>Key Element 6: Accreditation Statement</b> A copy of communication, marketing materials included along with the correct approval statement and contact hours and contact person. (if NO, reference to CNE or contact hours, then approval statement not required).		
<b>Key Element 7: Documentation of Completion</b> Included and complete: space for name, title, full date, contact hours awarded, name and address of provider, approval statement: <b>This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited provider by the American Nurses Credentialing Center's Commission on Accreditation.</b>		
<b>Key Element 8: Sponsorship and Commercialism</b> A. Checked no commercial support provided B. If yes, listed who providing C. How content integrity maintained D. Precautions taken to prevent bias E. Signed agreement included		
<b>Key Element 9: Conflict of Interest Guidelines</b> A. Biographical forms with disclosures included B. If conflict of interest present, description of resolution C. Additional concerns listed and resolved		
<b>Key Element 10: Disclosures</b> A. Criteria for successful B. Conflict of interest C. Sponsorship/commercial D. Non-endorsement of products E. Off-label use F. Expiration date for awarding contact hours		
<b>Key Element 11: Records</b> Kept as listed; location		
<b>Key Element 12: Co-providership</b> A. Checked no B. Co-provider name and address C. Applicant maintained all responsibilities for activity		

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

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

**APPROVED PENDING RECEIPT OF: above items**

**NOT APPROVED.**

I confirm that as a member of the GNA CE Review Committee I do not have a conflict of interest with this application. [Signature line can be typewritten.]

Signature:		Date:	
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