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Onsite CE Approval Checklist

Instructor Name, Professional Title: _____

Date of application for approval: _____

	✓	General Topic Area: _____ (Medical, Surgical, OB, Pediatrics, etc)			
1.		Title	(Leave gray sections blank.)		
		Intended Audience			
		Date(s) of Presentation			
		Instructor qualifications/bio			
		Resume/CV submitted			
		Letter of agreement			
2.		Sponsoring Organization			
		Location			
		Course fees charged to participants			
		Course Rationale/Needs Assessment			
		Planning includes RN/BSN/			
		Application to nursing			
		Registrations and record-keeping			
		Sample brochure and agenda			
3.		Course Planning:			
		Introduction (# of minutes)			
		Learning Outcomes			
		LO #1			
		LO #2			
		LO #3			
		Course Content (# of minutes)			
		Learning Activities			
		LA #1			
	LA # 2				
	LA #3				
4.		Resources:			
		Web Sources: (APA)			
		# 1			

		Alternate source			
		#2			
		Alternate source			
		#3			
		Alternate source			
5.		Conclusion (# of minutes)			
6.		Recommended Resources			
		Other resources: Experts, consultants, etc.			
7.		Handouts/Powerpoint copy			
8.		Course Evaluation (# of minutes)			
		Objectives met			
		Instructor Effectiveness			
		Teaching Format			
		Materials			
		Relevance to profession			
9.		Total # of minutes			
10.	Approval Process:	Date submitted by author			
		Date received			
		Date revised #1			
		Date revised # 2			
		Date of approval			
		Approval Expiration Date			
		Approval Renewal Date:			
		Date Updated			
		Date Updated			
		Additional Information			
		Date of Presentation # 1			
		Registrations received			
	Evaluations completed				
	Date of Presentation # 2				
	Registrations received				
	Evaluations completed				