



Committee Review of Continuing Education Presentation/Independent Study

Instructions: To be used by DODD committee as an evaluation tool for continuing education presentation applications. Circle (M) if the criteria is met and (P) if pending until further information received, (NA) Not applicable.

Presentation Title:	Reviewer's Name:	Application Number:
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CRITERIA	EVALUATION		COMMENTS
1. Target Audience and Need Identified (p.1)			
a. Audience of RN's/LPN's Identified	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Need for topics, scheduling identified	M <input type="checkbox"/>	P <input type="checkbox"/>	
2. Faculty (p.2)			
a. Education and professional qualifications identified	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Hours computed correctly	M <input type="checkbox"/>	P <input type="checkbox"/>	
3. Resources (p.2)			
a. Planning committee identified	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Resume provided (Qualifications identified)	M <input type="checkbox"/>	P <input type="checkbox"/>	
c. 1 RN, 1 LPN	M <input type="checkbox"/>	P <input type="checkbox"/>	
4. Outcomes (p.3)			
a. Relevance to Nursing	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Written in measurable terms	M <input type="checkbox"/>	P <input type="checkbox"/>	
5. Content (p.3)			
a. Flows from outcomes	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Relevance to Nursing and Evidenced Based	M <input type="checkbox"/>	P <input type="checkbox"/>	
6. Program Schedule or Advertising Material			
a. Included and complete	M <input type="checkbox"/>	P <input type="checkbox"/>	
7. Co-Providership			
a. Agreement provided (if applicable)	M <input type="checkbox"/>	P <input type="checkbox"/>	NA <input type="checkbox"/>
8. Independent Study (p.4)			
a. Adequately completed/Evidenced Based	M <input type="checkbox"/>	P <input type="checkbox"/>	NA <input type="checkbox"/>
9. Evaluation Form (p.7)			
a. Evaluation of outcomes	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Evaluation of effectiveness of each faculty	M <input type="checkbox"/>	P <input type="checkbox"/>	
10. Certificate			
a. Title, date, name of attendee	M <input type="checkbox"/>	P <input type="checkbox"/>	
b. Contact hour(s) awarded; Outcomes	M <input type="checkbox"/>	P <input type="checkbox"/>	
c. Name of provider.	M <input type="checkbox"/>	P <input type="checkbox"/>	
d. The Statement: This presentation has been approved by the OBN Approver Unit of the DODD OBN-010-93)	M <input type="checkbox"/>	P <input type="checkbox"/>	
e. Category A	M <input type="checkbox"/>	P <input type="checkbox"/>	NA <input type="checkbox"/>
11 Sign in Sheet Attached			
Final Evaluation		<input type="checkbox"/> Approved <input type="checkbox"/> Denied-see comments <input type="checkbox"/> Pending-see comments	
Signature of Reviewer:			Date: