



OBN CE Applicant Submission Checklist

- As you prepare the OBN CE application please complete this checklist to assure all required elements are included with the application packet
- Please include a copy of this checklist with your application packet. Submit all forms for application at one time.

Presentation Title:

Applicant's Name:

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

Signature of Applicant: _____

Date: _____