



Midwest Multistate Division – CE Approver Unit Post Activity Documentation Checklist

V1.2018

Thank you for utilizing the Midwest Multistate Division’s (Midwest MSD’s) continuing nursing education approval process for your recent educational activity. We hope the activity was a success! Please complete and submit the post-activity information below to the Midwest MSD within 60 days of the activity completion date:

Section 1: Activity Information

Activity Provider/Organization: _____

Name of Individual Submitting Report: _____

Phone: _____ Email: _____

Title of Educational Activity: _____

Educational Activity Date: _____ Midwest MSD Approval #: _____

Section 2: Participant Information

Upon completion of the activity, activity providers must submit the **first page** of the final participant listing/roster¹. Check below to indicate that a portion of the participant listing is attached containing the required elements, and insert the total number of participants and nurses participating in the activity:

- Participant listing attached² –
(list contains the following – check each item below to indicate requirement was addressed)
 - First and Last name of participant(s)
 - Number of contact hours each participant received

Total Number of Participants _____ Total Number of Nurses _____

¹ When submitting this list, it should not contain any sensitive identifying information i.e. social security numbers.

² Acceptable formats include, but are not limited to, Adobe pdf, Microsoft Excel, Microsoft Word documents.

Section 3: Evaluation and Outcome Measures Information

1) The Nurse Planner and/or planning committee reviewed the summative evaluation to assess the activity's effectiveness and to identify how results may be used to guide future educational activities.

- Yes No

2) What were two key findings³ from the summative evaluation data received?

a.

b.

3) Were the outcomes measures for the activity achieved, *as identified in Criterion #2.5 within the application and on the Educational Planning Forms?*

- Yes No

If no, please explain: Not included in content Pending long term follow-up
 Ran out of time to address Other (Describe): _____

³ Key findings are reasonable conclusions that can be drawn from the evaluation data that may determine whether the learning outcomes were met and/or indicate areas of improvement for future educational activities.

Section 4: Commercial Support

1) Commercial Support was received for the activity Yes* No

If yes, please provide the total amount⁴ of commercial support received \$ _____

⁴ Detailed information about specific supporters is not required.

Submit completed information to the Midwest MSD Office at:

3340 American Ave., Ste F, Jefferson City, MO 65109 ♦ Fax: 573.636.9576 ♦ Email: sara@midwestnurses.org