



Midwest Multistate Division – CE Approver Unit Post Activity Documentation Checklist

V1.2021

Thank you for utilizing the Midwest Multistate Division's (Midwest MSD's) nursing continuing professional development approval process for your recent educational activity. We hope the activity was a success! Please complete the post-activity information below and email it to the Midwest MSD within 60 days of the activity completion date. *NOTE: The checklist and supporting documentation should be collated together in one PDF for submission.*

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 a participant roster/listing¹, which includes the following elements:

- Participant(s) first and last name
- Number of contact hours each participant received
- Activity Provider/Organization name
- Title of educational activity
- Date(s) the educational activity was provided

Check below to indicate that the participant listing is attached, containing the required elements, and insert the total number of participants and the number of nurses participating in the activity:

Participant listing attached

Total Number of Participants _____ Total Number of Nurses _____

¹ When submitting this list, please know we are not asking for the sign-in sheet, since the number of hours will not be listed. Also, it should not contain any sensitive identifying information i.e. social security numbers.

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 elements³ the planning committee will consider improving about the planning process and/or implementation of future educational activities?

a.

b.

³ Key elements 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