

The information we require for the application is to meet the accreditation standards for the Accreditation Council for Pharmacy Education, the American Nurses Credentialing Center and the Commission on Dietetic Registration. By providing us with the required information on the application, we are able to work with you to co-provide/approve an educational program for continuing education credit. Please contact AADE directly regarding continuing education credit for dietitians. Please read the guidelines to successfully complete the following documentation. We do not co-provide/approve continuing education programs developed by commercial entities, such as pharmaceutical and medical device companies.

Please submit all application materials electronically in a Word format to ceapplication@aadenet.org.

1. **Program Title**
2. **Program Date (if live)**
3. **Program Location (if live)**
4. **Program Release Date (if self-study)**
5. **Program Type (Please check only one box)**

<input type="checkbox"/>	Knowledge-based program designed primarily for participants to acquire factual knowledge
<input type="checkbox"/>	Application-based program designed primary for participants to apply the information learned in the allotted timeframe of program
6. **Has the application been received and denied by another approver unit?** Yes No
If yes, please describe the circumstances and resolutions in a cover letter and attach to application
7. **Program Administrator Contact Information (Please complete biographical data form and financial relationship/disclosure form):**

Name:	Professional Credentials:
Mailing Address:	
Day Phone:	Fax:
E-mail Address:	
8. **Co-provider organization/group:**

Organization Name	
Mailing Address	
Day Phone:	Fax:
E-mail Address	

- AADE Chapter Yes No
- AADE Member Owned Business/Organization Yes No
- Not for Profit Healthcare Group/Association Yes No
- For-Profit/Medical Education Company Yes No

9. Commercial Support:

Is there commercial sponsorship (monetary or in-kind) for the program? Yes No

Name of Commercial Sponsor(s)

Please provide a copy of the letter of agreement if you have received financial resources from a commercial entity, such as a pharmaceutical or medical device company

Is there monetary or "in-kind" support from entities other than commercial entities? (E.g. non-profit org.) Yes No

Name of Non-Profit Organization(s)

10. List Planning Team Members Names and Professional Credentials. AADE is a multidisciplinary organization and we encourage the planning team members to consist of a minimum of 2 different disciplines who are appropriate to content. If nursing continuing education credit is being sought for the program, at least one (1) Registered Nurse with a baccalaureate degree or higher in Nursing and has been oriented to the ANCC accreditation criterion of educational design must be on the planning team.

NAME/CREDENTIALS:

NAME/CREDENTIALS:

NAME/CREDENTIALS:

NAME/CREDENTIALS:

NAME/CREDENTIALS:

NAME/CREDENTIALS:

NAME/CREDENTIALS:

11.

Overall Program Goal(s):

Goal(s) must be repeated on the education plan and evaluation form (Different than objectives)

12. Target Audience (Check all that apply):

- 1) RN 2) NP 3) RD 4) RDT 5) RPh 6) CDE's
- 7) Health Educators 8) PA/MD/DPM/DO 9) Mental Health Professional
- 10) PT/OT 11) Case Managers

13. Level of Program for Target Audience (Please select only one):

- Level 1: Assumes participant has little or no prior knowledge of area(s) covered.
- Level 2: Assumes participant has general knowledge of area(s) covered.
- Level 3: Assumes participant has thorough knowledge within the area(s) covered.

14. Needs Assessment (Please check all that apply for each specific discipline):

Please check which discipline(s) completed the needs assessment to identify a gap in care. For example if you surveyed pharmacists about their learning needs then check off survey of target audience and pharmacists. If you surveyed all three disciplines then check off each discipline. If you are seeking CE credit for all three disciplines then you must check off what type of needs assessment you performed for each discipline.

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Expressed Need (written/verbal):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previous Program Evaluations <input type="checkbox"/> Survey of Target Audience <input type="checkbox"/> Management/Chapter leadership identified <input type="checkbox"/> Learner Request <input type="checkbox"/> New Technology, Evidence or Treatment <input type="checkbox"/> Change in Practice Guidelines <p>Recommendations From:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quality Assurance Study <input type="checkbox"/> Education Committee <input type="checkbox"/> AADE Member Survey/ Data <input type="checkbox"/> ADtA Need Survey/ Data <input type="checkbox"/> Standards of Practice/Care <input type="checkbox"/> CE required on topic | <p>Please check the disciplines that apply</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>RD</td><td><input type="checkbox"/></td><td>RN</td><td><input type="checkbox"/></td><td>RPh</td><td><input type="checkbox"/></td></tr> </table> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RD | <input type="checkbox"/> | RN | <input type="checkbox"/> | RPh | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

15. Active Learning Principles used in planning the teaching methodology (Check all that apply).

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Recognizes Autonomy <input type="checkbox"/> Recognizes Readiness to Learn <input type="checkbox"/> Utilizes Previous Experience <input type="checkbox"/> Uses Problem Oriented Approach <input type="checkbox"/> Manipulation of Objects | <ul style="list-style-type: none"> <input type="checkbox"/> Uses Inquiry Focused Activity <input type="checkbox"/> Recognizes the Need to Share <input type="checkbox"/> Involves Learner in Evaluation <input type="checkbox"/> Practice or application focused <input type="checkbox"/> (Type in other active learning principle) |
|--|--|

16. Teaching methodology To Be Used (Check all that apply and show where they will be used during the program on the education plan form in the far right column).

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Small group discussion of question/issue <input type="checkbox"/> Brainstorming options <input type="checkbox"/> Case discussion <input type="checkbox"/> Consensus for problem solution/action <input type="checkbox"/> Voting or polling of audience | <ul style="list-style-type: none"> <input type="checkbox"/> Role Play/feedback (Triad) <input type="checkbox"/> Question & Answer Period <input type="checkbox"/> Audience Response Technology <input type="checkbox"/> Case Development <input type="checkbox"/> Skill lab/practice |
|---|---|

17. Learning Assessment (Check all that apply and show where they will be used during the program on the education plan form in the far right column).

- | | |
|---|---|
| <p><u>Completed by an Individual:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Empty outline <input type="checkbox"/> 5 or more question (max 10) pre-test for self assessment & discuss answers <input type="checkbox"/> 5 or more question (max 10) post-test questions with right answers discussed or provided in handout <input type="checkbox"/> Pro/Con Grid | <p><u>Completed during or at the end:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> One sentence summary & share with peer/buddy or the entire group related to: 3 most important things learned, or 3 muddiest points don't understand, or 3 questions not clear on, or 3 ways will apply in clinical practice <input type="checkbox"/> Demonstration |
|---|---|

- Comparison Chart or Table of features/benefits/use (Please type in other)
- Pre 1 minute paper: write 3 things want to learn & share with group or peer

Completed by a group (Peer Assessment and Feedback)

- Problem statement based on content that table group or 2-3 peers discuss, identify solutions, suggest options or approach, make recommendations
- Case discussion and plan development
- Group monitored/led practice and return demonstration to group or peers

18.

Seating Arrangements:

Audiovisual Equipment In Room:

Describe Other Facilities:

19. Speaker/Content Experts (List names of persons presenting or authoring this activity. Complete and attach biographical data form for each individual listed):

NAME/CREDENTIALS

ROLE IN CONTENT DEVELOPMENT, PREPARATION, OR PRESENTATION:

- Developed Objectives/Content Developed content handouts/slides
- Reviewed plan of objectives/content outline Speaker/Presenter
- Test Item Writer (self study)* *Content Author (self study)*

NAME/CREDENTIALS

ROLE IN CONTENT DEVELOPMENT, PREPARATION, OR PRESENTATION:

- Developed Objectives/Content Developed content handouts/slides
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- Developed Objectives/Content
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- Test Item Writer (self study)

- Developed content handouts/slides
- Speaker/Presenter
- Content Author (self study)

NAME/CREDENTIALS

ROLE IN CONTENT DEVELOPMENT, PREPARATION, OR PRESENTATION:

- Developed Objectives/Content
- Reviewed plan of objectives/content outline
- Test Item Writer (self study)

- Developed content handouts/slides
- Speaker/Presenter
- Content Author (self study)

20. Continuing education credit is being sought for (Check all that are requested)

- RN's Nurses RPh's Pharmacists

21. Planned Contact time in minutes (If Live, seat time excluding breaks, lunch, introductions, movement between rooms):

22. Home study/self study/learner directed and/or learner paced activity pilot study time to complete (attach 3 letters of recommendation from pilot participants):

23. Provide a brief (100 words or less) description of this program:

24. AADE7™ SELF CARE BEHAVIORS

Select from the AADE7™ SELF CARE BEHAVIORS area(s) that this session will address. Check applicable boxes.

<input type="checkbox"/>	Healthy Eating
<input type="checkbox"/>	Being Active
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Taking Medication
<input type="checkbox"/>	Problem Solving
<input type="checkbox"/>	Healthy Coping
<input type="checkbox"/>	Reducing Risks

25. Co-Provider/Approver Agreement Directions: Read and sign the co-provider agreement letter by typing in the program administrator's name and date. Please retain a copy of documents identify in the record keeping column for seven years from date of program.

Task	Date	AADE (Provider)	Co-Provider	Record Keeping Requirement
Final selection of the program title		X		XX
Educational needs assessment results			X	XX
Final selection of faculty determined		X		XX
Obtaining relevant financial relationship disclosures under the guidance of AADE			X	XX
Resolution of conflict of interest (if applicable) under the guidance of AADE			X	XX
Final selection of learning objectives		X		XX
Disclosure for relevant financial relationships and commercial support to learners			X	XX
Final program content		X		XX
Determination of pharmacist designation (UPN)		X		XX
Determination of activity type (knowledge, application or practice-based)				XX
Program schedule and amount of credit to be awarded		X		XX
Final selection of program promotional material		X		XX
Selection of active learning method			X	XX
Provide faculty guidance materials			X	XX
Final selection educational materials distributed in conjunction with program		X		XX
Final approval of learning assessment activity		X		XX
Final program evaluation instrument		X		XX
Process for determining the basis upon which credit will be awarded		X		XX
Documentation that participants met requirements for obtaining statement of credit			X	XX
Issue statements of credit			X	XX
Summarize evaluation forms			X	XX
Handle all grievances which are submitted in writing			X	XX
Guidance provided to faculty		X		XX
Budget			X	XX

I have reviewed and will comply with the defined provider and co-provider responsibilities.

Continuing Education Administrator's
Signature (AADE Staff)

Date

Program Administrator's Signature
(Please type in name and date above)

Date

Application Check List

Directions: Complete Phase 1, and agreement at bottom of page prior to submitting. Make a copy of this form and fill in due dates for Phase 2, and 3, as a reminder to send materials.

Phase 1: To be submitted within 60 business days and no less than 45 business days prior to the program date.

Send Date: _____

- 1. Application for Credit and an additional \$50 if not able to submit electronically
- 2. Biographical Data Forms for program administrator, planners and faculty/speakers
- 3. Financial Relationship/Disclosure Forms for program administrator, planners and faculty/speakers
- 4. Objectives/Content Outline
- 5. Evaluation Tool
- 6. Promotional Material
- 7. Co-Provider Agreement
- 8. Commercial Support Agreement (if there is commercial support for program)
- 9. Application Fee – Check or money order made payable to AADE (NO CASH), Chase Lock Box, AADE-Products, Department 4411, Carol Stream, IL 60122 (Please include copy of application with check)

Phase 2: To be submitted 15 to 30 Days Prior to the program date.

Due Date: _____

- 10. Handouts

Phase 3: To be submitted no later that 30 business days after the program date.

Due Date: _____

- 11. Final handouts
- 12. Attendance Rosters (all sign-in sheets)
- 13. Summary of Participant Evaluations
- 14. Sample copy of final Statement of Credit
- 15. Sample copy of final evaluation tool used for program
- 16. 1 copy of brochure/literature used in marketing program

Phase 4: To be completed one (1) month to seven (7) years after the program date:

- 17. Record Completion
- 18. File maintenance

I state that the information submitted is complete, accurate, and meets stated criteria. I also agree to retain a copy of this application and keep the required program records on file for seven (7) years from this date.

Signature (Please type in name and date)

Date

Title (Please type in title)

Please submit your application via e-mail to ceapplication@aadenet.org. If you have questions, contact the Education Content Development Department at (312) 601-4821.

Biographical Data Form

This form must be completed for the program administrator, each planning team member, and each speaker/content expert. Please enter the following information directly into the form as it is required for continuing education approval. CVs or résumés provided in lieu of biographical data forms will not be accepted. Please copy and past this form at the end of the application so there is one for each individual involved in the program. Only Word versions of this document will be accepted.

Planning Team Member <input type="checkbox"/>		Person Administratively Responsible <input type="checkbox"/>		Speaker/Content Expert <input type="checkbox"/>	
Name / Credentials					
Title					
Employer					
Preferred address					
City / State / Zip					
Preferred telephone				Fax	
Email					
PRESENT POSITION – Short (2 -3 sentences) description of responsibilities is required					
EDUCATION – Basic preparation through highest degree held. Completed information in each field is required					
Institution (Name, City, State are required)		Major area of study		Degree	Year Degree Awarded
PROFESSIONAL EXPERIENCE – Briefly describe 2-5 professional experiences and/or any research or publications pertinent to this educational activity. CVs or résumés provided in lieu of biographical data forms will not be accepted.					

Financial Relationships/Disclosure Statement

NAME _____ Date _____

It is the policy of the American Association of Diabetes Educators to require faculty and each individual who is in a position to control the content for all educational programs provided by AADE to complete the Financial Relationship/s Disclosure Statement. We ask that you provide information concerning any commercial interests/ relevant financial relationships which you or your family member have, or have had within the past 12 months (for this purpose we consider the relevant financial relationships of your family members that you are aware of to be yours). A printed announcement will be included with the participants' materials to identify pertinent relationships that speakers and planners have with industry partners/commercial entities in order to facilitate the participants' ability to draw informed conclusions regarding each speaker's presentation. In addition, this information is required in order to be in compliance with the FDA and our credentialing bodies. This policy will not prevent anyone who is affiliated with a diabetes-related company from being a speaker for AADE. It is also AADE policy to not allow use of any industry (pharmaceutical or device companies) supplied slides or handouts during educational activities.

Please identify the following types of relationships:

- Received grants or funds in support of research of (list) diabetes-related company products.
- Serve as a paid consultant to (list) diabetes-related companies.
- Serve on speakers' bureau or otherwise receive honoraria for speaking or writing on behalf of diabetes-related companies.
- Receive any other type of financial or material support that could present a potential conflict of interest.

Company	Relationship

I have no disclosures to report

This information will be used by AADE only to inform educational meeting participants of any significant relationships or lack thereof with diabetes-related companies or other interested parties.

Only Faculty must respond to the following statements:

I WILL discuss or present information that is related to an off-label or investigational use of a therapy, product, or device in this CE activity. Further, I will inform participants of the off-label/investigational discussion at the time it occurs. I have described the off label or investigational use below.

Describe the off-label or investigational use below.

I WILL NOT discuss or present any off-label products during my presentation.

Signature (Please type in name or use electronic signature)

Educational Activity Plan Documentation Form

Activity (Program) Title: _____ Co-provider: _____ Page _____ of _____

Program Learning Objectives	Detailed Content Outline (Topics)	Time Frame	Faculty	Adult Learning/ Teaching Method- Learning Assessment Items 16 and 17
Write objectives in behavioral measurable terms and use words located in the instructions At the end of this presentation, the participant will be able to: 1.	Content must match the objectives I. a. b.	Indicate time frame for each objective minutes	List faculty full name/credentials	
2.	II. a. b.	minutes		
3.	III. a. b.	minutes		
4.	IV. a. b.	minutes		

Education Activity Plan Documentation Form

Activity (Program) Title: _____ Page: _____ of _____
 Program Goal(s)/Purpose - Insert goal(s) from item 11 _____ Co-provider: _____

Program Learning Objectives	Content Outline (Topics)	Time Frame	Faculty	Adult Learning/ Teaching Method- Learning Assessment Items 16 and 17
Write objectives in behavioral measurable terms and use words located in the instructions	Content must match the objectives	Indicate time frame for each objective minutes	List faculty full name/credentials	
5.	V. a. b.			
6.	VI. a. b.	minutes		
7.	VII. a. b.	minutes		
8.	VIII. a. b.	minutes		
Total=			minutes	

Please delete unused boxes. To accommodate the number of objectives in your program, create additional boxes by duplicating this page.

Program Evaluation Form

Title: _____ **Date:** _____

Location: _____ **Sponsor:** _____

Please check you discipline Dietitian Nurse Pharmacist Other _____

Directions: Completion and return of this form is one requirement to be eligible to receive continuing education credit. Do not put your name on this form. Additional comments on how to improve this program are welcomed and appreciated. If you are a dietitian, you can also visit the Commission on Dietetic Registration's Website to provide comments

Evaluate after each presentation by circling one of the following criteria:

I. CONTENT	5=Strongly Agree	4	3	2	1=Strongly Disagree
A. Speaker: _____ Covered the following program objectives					
As a result of completing this program, I can:					
1.	5	4	3	2	1
2.	5	4	3	2	1
3.	5	4	3	2	1
4. The speaker demonstrated expertise	5	4	3	2	1
5. The teaching/learning strategies and active learning exercises were appropriate	5	4	3	2	1
6. I would attend another program by this speaker	5	4	3	2	1

Comments: _____

[Evaluate each speaker on the Objectives covered by that person. Copy and paste above section for each speaker and include objectives. This Example is how to do this for a 2 speaker program. If only a 1 speaker program, remove Speaker B and questions from the evaluation form specific to your program. Renummer as needed for additions or deletions to the form.]

Delete this wording from your document

B. Speaker: _____ Covered the following program objectives

As a result of completing this program, I can:					
7.	5	4	3	2	1
8.	5	4	3	2	1
9.	5	4	3	2	1
10. The speaker demonstrated expertise	5	4	3	2	1
11. The teaching/learning strategies and active learning exercises were appropriate	5	4	3	2	1
12. I would attend another program by this speaker	5	4	3	2	1

Comments: _____

II. LEARNING ENVIRONMENT:

13. The length of the program was adequate to cover program objectives	5	4	3	2	1
14. The room set up provided accommodation of teaching and active learning strategies	5	4	3	2	1
15. The room arrangement and A/V equipment supported seeing and hearing the speaker and visuals	5	4	3	2	1
16. The personal space and seating area promoted comfort and use of materials	5	4	3	2	1
17. The room temperature was comfortable	5	4	3	2	1

Comments: _____

VIII. OVERALL:

18. Evaluate how the objectives related and helped to achieve the stated overall purpose/goal of the activity.
It is my belief that the stated program objectives listed for each speaker above related to and helped me to achieve the stated overall program goal(s) listed below.

Goal A (Insert goal(s) from Item 11)	5	4	3	2	1
Goal B	5	4	3	2	1
19. The level on content presentation and learning activities were appropriate to my learning needs.	5	4	3	2	1

Comments: _____

20. The program had equitable balance, there was no perceived bias or commercialism during the presentation.	5	4	3	2	1
21. The learning assessment activities were appropriate for the program	5	4	3	2	1
22. I plan to incorporate my new knowledge from this program to address the AADE 7 Self-Care Behaviors	5	4	3	2	1
23. I can apply 50% or more of the learning from this program to my practice	5	4	3	2	1
24. The program met the AADE mission statement for continuing education: To provide diabetes-related learning activities that are evidence-based through various live and self study formats to health care professionals that increase knowledge in the management of diabetes and related conditions	5	4	3	2	2

Please provide the following information to document compliance with ANCC Commission on Accreditation criteria on maintenance of continuing education records.

RECORDS

1. In the space below, provide a statement of the commitment to maintain the below listed records for seven (7) years and give titles of individuals authorized to access the records.
 - A. Name and title(s) of person(s) responsible for planning the activity (i.e., Program Administrator)

 - B. Name, title, address, telephone number and e-mail address of person(s) responsible for maintaining records for seven years (i.e., Official Record Keeper – if different from Program Administrator)

STORAGE SYSTEM

1. In the space below, document WHERE (the site or location) for storage of records for this program, which allows for retrieval of essential information.

2. In the space below, describe the record filing, storage, retrieval, retention, and method for assuring confidentiality.