CONTINUING EDUCATION OFFERING
COMPLIANCE CHECK LIST

Attach one copy of the completed checklist to the records to be maintained for each CE activity for registered professional nurses.

Institution:  
Provider Registration No.:  
Title of Offering:  
Date(s) of Offering:  
Reviewed By:  
Date:  
(May not be reviewed by presenter of offering)

Place a check mark by each standard that is met:

____ 1. Activity is at least 50 continuous minutes long.
____ 2. Activity complies with prescribed subject areas. (Reference West Virginia 19CSR11, Paragraph 4.5.1)
____ 3. Objectives are in writing, in measurable terms.
____ 4. Content relates to the objectives and nursing or health care.
____ 5. Instructor qualifications are provided in writing to participants.
____ 6. The written schedule is provided to participants which indicates content and time frames.
____ 7. Program announcements contain WVBRN provider registration number or other indication that it is approved for CE credit.
____ 8. A written method is identified to evaluate participant achievement of stated objectives.
____ 9. The provider shall furnish a written statement of completion to each participant who completes each continuing education program. The statement shall be signed by the instructor or an individual designated by the instructor, and shall contain the following information: the name of the continuing education program, the number of contact hours, the date of the continuing education program, and the name of the participant.

FOLLOWING COMPLETION OF THE ACTIVITY:

____ 10. Records maintained shall include: program reference materials, objectives, content outline, instructor qualifications, teaching methods and materials, evaluation tools and summary, and a list of all participants.