

## NANCEAC: Post-Activity Report

This report will collect all information necessary to record the CE activity and maintain NANCEAC accreditation. Completion of all sections of this report is required. **You must submit this report no more than THIRTY (30) days after each activity.** NANCEAC staff will be available to help you complete this worksheet.

### Section 1 of 6: CE Activity Description

| CE Activity Information  |      |          |
|--|------|----------|
| Name of NANCEAC-accredited CE provider:                              |      |          |
| Title of CE Activity:  |      |          |
| Number of Continuing Education Credit Hours awarded to participants: |      |          |
| Date   | Time | Location |

### Section 2 of 6: Administrative and Presenter Information

| CE Program Director   |           |
|---|-----------|
| The individual who had overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a NANCEAC accredited CE activity. |           |
| Name  | Degree(s) |
| Title   |           |
| Phone   | Email     |

| Presenter (if different from above)   |           |
|---|-----------|
| The individual who partnered with the CE Program Director to develop the CE activity and/or the individual who presented the CE activity to participants. |           |
| Name  | Degree(s) |
| Title   |           |
| Phone   | Email     |

| Administrative Support Staff  |     |           |           |
|---|-----|-----------|-----------|
| The individual responsible for the operational and administrative support of the CE activity. |     |           |           |
| Name  |     | Degree(s) |           |
| Title   |     |           |           |
| Address   |     | City      | State ZIP |
| Phone   | Fax | Email     |           |

|  |
|--|
| <b>For NANCEAC Use only:</b><br>Action: _____ # of Credits: _____ <input type="checkbox"/> Entered into Log: _____ |
|--|

### Section 3 of 6: Number of Participants

| <b>Number of Participants</b>  |  |
|--|--|
| Number of individuals who received CE credit hours for participating in the CE activity. |  |
| <input type="checkbox"/>   | Total number of participants that attended                               |
| <input type="checkbox"/>   | Number of participants: classified by type of health care provider       |
| <input type="checkbox"/>   | Include complete sign-in sheets or credit attestation forms for each day |
| <input type="checkbox"/>   | Include sample of the certificate of attendance that was awarded         |

### Section 4 of 6: Methods and Materials

| <b>Methods and Materials</b>  |                         |                          |                          |
|---|-------------------------|--------------------------|--------------------------|
| The CE Provider must encourage active participation and include active learning exercises in each CE activity. <i>Please indicate the educational method(s) that were used to achieve the stated learning objectives. Select all that apply by placing an "X" in the appropriate box.</i> |                         |                          |                          |
| <input type="checkbox"/>  | Didactic lecture        | <input type="checkbox"/> | Case presentations       |
| <input type="checkbox"/>  | Panel discussions       | <input type="checkbox"/> | Simulations              |
| <input type="checkbox"/>  | Round table discussions | <input type="checkbox"/> | Hands-on skills training |
| <input type="checkbox"/>  | Q&A sessions            | <input type="checkbox"/> | Other, specify:          |

- Include a copy of the brochure, enduring materials, and marketing materials.
- Include a copy of the syllabus/meeting folder.
- Include a copy of all materials that will be given to participants in the future (e.g., newsletters, follow-up emails, new information etc.).

### Section 5 of 6: Learning Assessment and Evaluation

| <b>Learning Assessment and CE Activity Evaluation</b>  |  |                          |                                     |
|--|--|--------------------------|-------------------------------------|
| <i>How were changes in participant knowledge, competence, or performance measured? Place an "X" next to all tools that were used to assess participant learning and evaluate the activity.</i> |  |                          |                                     |
| <b>Knowledge</b>   |  |                          |                                     |
| <input type="checkbox"/>   | Evaluation form for participants <b>(required)</b>   | <input type="checkbox"/> | Physician and/or patient surveys    |
| <input type="checkbox"/>   | Customized pre and post-test   | <input type="checkbox"/> | Other, specify:                     |
| <b>Competence</b>  |  |                          |                                     |
| <input type="checkbox"/>   | Adherence to guidelines  | <input type="checkbox"/> | Physician and/or patient surveys    |
| <input type="checkbox"/>   | Case-based studies   | <input type="checkbox"/> | Other, specify:                     |
| <input type="checkbox"/>   |  | <input type="checkbox"/> |                                     |
| <b>Performance</b>   |  |                          |                                     |
| <input type="checkbox"/>   | Customized follow-up survey/interview/focus group about actual change in practice at specified intervals | <input type="checkbox"/> | Obtain patient feedback and surveys |
| <input type="checkbox"/>   | Demonstration by participant of hands-on skills  | <input type="checkbox"/> | Other, specify:                     |

- Provide summary data for the evaluation methods selected for all participants.
- Provide summary data for the evaluation methods selected, broken down by type of health care provider.

## Section 6 of 6: Fiduciary Relationships

- Final budget report, listing all income and expenses
- List of the commercial support grant checks, amounts, check numbers, and date paid

We strongly encourage you to use the budget template provided by NANCEAC. If you have your own template, please ensure that income and expenses are listed in detail as requested in the NANCEAC budget template.

### Required Documents to Attach

The following attachments must be included with this report:

- 1. Copies of complete sign-in sheets or credit attestation forms for each day**
- 2. Copies of materials given to participants:**
  - Include a copy of the brochure, enduring materials, and marketing materials.
  - Include a copy of the syllabus/meeting folder.
  - Include a copy of all materials that will be given to participants in the future (e.g., newsletters, follow-up emails, new information etc.).
  - Include sample of the certificate of attendance that was awarded
- 3. Evaluation summary** (classified by types of healthcare professionals)
- 4. Final Budget Report** (use template provided or you can use your own)
- 5. List of the commercial support grant checks**