

Dr. Sue Painter, DNP, RN
Executive Director

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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Ave., SW, Suite 203
South Charleston, WV 25303

**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 Number _____

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 in one or more of the following subject areas:
 - a. Professional nursing practice and special health care problems;
 - b. Biological, physical, social, and behavioral sciences;
 - c. Legal aspects of professional nursing practice;
 - d. Management of health care personnel and patient care;
 - e. Teaching and learning process for health care personnel or for patients; and
 - f. Subjects relating to professional nursing practice which are required as part of a formal nursing program and which are more advanced than those completed for original licensure.
- _____ 3. Objectives are in writing, in measurable terms.
- _____ 4. Content relates to the objectives and nursing or health care.
- _____ 5. Instructor(s) biography, curriculum vitae or resume with qualifications is provided in writing to participants.
- _____ 6. The written schedule is provided to participants which indicates content and time frames.
- _____ 7. Program announcements contain the West Virginia Board of Examiners for Registered Professional Nurses (Board) assigned CE provider registration number and any other indication that it is approved for CE credit.

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- _____ 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, the name of the participant and the approved Board CE provider registration number.

FOLLOWING COMPLETION OF A CONTINUING EDUCATION ACTIVITY:

- _____ 10. Records maintained for each continuing education activity include: program announcement sample, target audience information, program reference materials, program objectives, content outline or agenda with timeframes, instructor biography, curriculum vitae or resume, teaching methods and materials, sample evaluation tools, sample certificate of completion, and a list of all program participants.