

Continuing Education Section Program Sponsor Type I Application Approval Checklist

Readers:
1.
2.
3.

Program Title:	
Program Sponsor:	
Return by:	
Program Code:	

All of the following criteria must be met for approval

CRITERIA	YES	NO	COMMENTS
Time allotted to each segment is adequate			
Teaching method is appropriate			
The behavioral objectives & content outline: <ul style="list-style-type: none"> Go beyond the requirements of the core competencies or demonstrate new learning Describe expected educational goals Are relevant to midwifery practice, education, research or administration 			
References are included: 3/4 must be within last 5 years preferably from peer reviewed journals. 1 hour <input type="checkbox"/> 5 refs; 4 hrs = 5-10 refs; 8 hrs = 10-15 refs.			
Qualifications of faculty are adequately documented			
Method of recording & verifying attendance is described			
Copy of program evaluation tool included			

ACCEPTED
 REJECTED
 PARTIALLY ACCEPTED
 NO. OF CONTACT HRS _____
 CEU CREDITS _____
 CONDITIONALLY ACCEPTED PENDING RECEIPT OF THE FOLLOWING INFORMATION:

SIGNATURE OF READER _____ DATE _____

Please return to the attention of Melinda Bush. You may fax, e-mail or mail your response. Fax #:240-485-1818 E-mail: mbush@acnm.org