



APPLICATION FOR CONTINUING EDUCATION UNITS (CEU) APPROVAL

Completed application form and supporting documents must be submitted to the Bermuda Nursing and Midwifery Council no less than 8 weeks prior to the scheduled date of the Educational Offering)

| SECTION 1: GENERAL INFORMATION | |
|--|--|
| 1.1 | Activity Title: _____ |
| 1.2 | Target Audience: _____ |
| 1.3 | Type of Educational Offering: <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Presentation/Learning Lunch <input type="checkbox"/> Webcast <input type="checkbox"/> Other _____ specify |
| 1.4 | Date(s) of Educational Offering: <input type="checkbox"/> One time offering _____ (date) <input type="checkbox"/> Several Days _____ to _____ <input type="checkbox"/> ENDURING MATERIALS _____ to _____ (max 2 years) |
| 1.5 | Location of Educational Offering: _____ |
| 1.6 | Length/Duration (if live) _____ minutes |
| 1.7 | Number of Credits requested (60 minutes = 1 credit): _____ credits |
| 1.8 | Number of participants anticipated: _____ |
| SECTION 2: INDIVIDUALS IN CONTROL OF CONTENT | |
| 2.1 | Activity Chair (name, degree(s), affiliation): _____ (Planning/Steering Committee Members, which were directly involved in the content of the activity) |

| | |
|----------------------------|--|
| 2.2 Contact person: | Name: _____ Phone: _____ Email: _____ |
|----------------------------|--|

| | |
|---------------------------------|---|
| 2.3 Speaker Information* | (Please list—including Names, credentials) <div style="float: right;"><input type="checkbox"/> CV attached</div> 1. _____ <input type="checkbox"/> CV attached 2. _____ <input type="checkbox"/> CV attached 3. _____ <input type="checkbox"/> CV attached 4. _____ <input type="checkbox"/> CV attached 5. _____ <input type="checkbox"/> CV attached <input type="checkbox"/> See attached list of additional speakers <div style="float: right; font-size: small;">*Note: Please ensure CV's are attached for each of the above presenters.</div> |
|---------------------------------|---|

SECTION 3: EDUCATIONAL CONTENT

| | |
|---|--|
| 3.1 Summarize the educational and professional practice gap(s) that underlies the need(s) for the proposed Activity. | _____ <input type="checkbox"/> Knowledge <input type="checkbox"/> Performance <input type="checkbox"/> Competence <input type="checkbox"/> Patient Outcomes <input type="checkbox"/> Other _____ |
|---|--|

Based on the objectives articulated in section 3.1, what area of practice will it address?

| | |
|--|---|
| 3.2 What are the learning objectives for this Activity? | 1. _____ 2. _____ 3. _____ <input type="checkbox"/> See attached list of additional speakers |
|--|---|

| | |
|--|--|
| 3.2 What formats and tools will be used to engage learners during the Activity: | (should be at least 2 of the following) Please Tick. <input type="checkbox"/> Lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Question & Answer <input type="checkbox"/> Pre-test/Post-test <input type="checkbox"/> Case-based/Problem-based discussion <input type="checkbox"/> Small group discussion <input type="checkbox"/> Debate <input type="checkbox"/> Hands-on Practice/Workshop <input type="checkbox"/> Slide presentation <input type="checkbox"/> Pre-test/Post-test <input type="checkbox"/> Audience Response System or similar audience polling system <input type="checkbox"/> Other _____ |
|--|--|

| | |
|------------|---|
| 3.3 | Please provide a printed copy* of the material(s) to be presented in this Activity _____ <input type="checkbox"/> Attached <small>*Please note that the copy does not have to be the final draft; however, the draft submitted should demonstrate a clear connection to the objectives stated.</small> |
|------------|---|

SECTION 4: EVALUATION METHODS

(CHECK ALL THAT APPLY)

4.1 How will the Activity be evaluated? Please tick all that apply

Ensure that a copy of all applicable documentation is provided.

- Pre-registration survey
 Pre-test
 Post-test
 Post-activity evaluation form
 Audience response system technology
 Other _____

SECTION 5: SIGNATURES OF SUBMITTING COMMITTEE

APPLICATION MUST BE SIGNED BY THE ACTIVITY CHAIR AND THE ACTIVITY CONTACT PERSON

5.1 Activity Chair/Faculty/Organizing Committee Member:

I have reviewed this application and am satisfied with the materials submitted. I understand that approval of this Activity for Continuing Education Units is contingent on ensuring that all supporting documentation is appended.

Signature of Activity Chair/Faculty _____ Date _____

5.2 Activity Contact:

In submitting this application, I hereby attest to the accuracy of the information it contains. I also attest to the quality of the documentation and management of this activity in a way consistent with Bermuda Nursing Council requirements.

Signature of Activity Chair/Faculty _____ Date _____

BERMUDA NURSING COUNCIL CREDENTIALING COMMITTEE REVIEW

(FOR OFFICE USE ONLY)

Date Application Received: _____

Proposed Date of Activity: _____

Meets 8 week window? Yes No

- Completed Application Form (with all fields appropriately filled in)
- CV's attached for each speaker listed
- Speaker Conflict Form signed by each speaker (attached)
- Hard copy of presentation(s)/course material(s) attached
- Sample Evaluation
- Sample Sign in sheet (if applicable)

Objectives: Clear, appropriate for target audience Yes No If No, comments _____

Course content is in line with meeting the objectives Yes No If No, comments _____

Speakers are qualified to present the proposed material Yes No If No, comments _____

Additional Comments: please append.

Activity is: APPROVED NOT APPROVED

CEU's allocated for this activity is: _____ Units

Signature (Credentialing Committee Member) _____ Date _____

Signature (Credentialing Committee Member) _____ Date _____