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**Continuing Education Approval Committee
Peer Review Checklist for Site Visit of Educational Activity**

Date: _____ CEAC Member: _____

Name of Educational Activity: _____

Provider Unit: _____

REVIEW	YES	NO	COMMENTS
1. Activity file includes all required documentation, including educational design, management of commercial support, appropriate disclosures.			
2. Marketing material inclusive of all requirements.			
3. Activity lasted the appropriate length of time.			
4. Evaluations were completed by all participants			
5. Evaluation form includes speakers, objectives, commercial bias disclosure, conflict of interest/lack of; recommendations on clinical care are valid.			
6. Certificates are correct and were distributed appropriately.			
7. Suggestions/concerns of peer reviewer			
Comments from nurse planner(s) of provider unit evaluated.			

CEAC site visit form 9/07

Revised: 5/09, 8/09