

## Continuing Education Summary Form Article/Seminar/Pre-Recorded Education Review Template

(If you have a certificate showing CEs you do not have to fill out this form, just submit a copy of the certificate)

Name of Applicant \_\_\_\_\_ Date of Review \_\_\_\_\_

The following is a review of which type of vascular access education (please check one):

- An article (see 'A' below)
- A live speaker presentation/seminar (see 'B' below)
- A continuing education pre- recorded class (see 'C' below)

**A. Review of Article:**

Title of Article: \_\_\_\_\_

Author: \_\_\_\_\_

Publication/Journal: \_\_\_\_\_ Date of Pub \_\_\_\_\_

**B. Review of Speaker Presentation/Seminar:**

Presenter/Speaker: \_\_\_\_\_

Topic: \_\_\_\_\_ Location \_\_\_\_\_

Seminar: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Review of Pre-Recorded Continuing Education Class:**

Name of Class: \_\_\_\_\_

Format (online, etc.): \_\_\_\_\_ Date: \_\_\_\_\_

Presented by what company: \_\_\_\_\_

**Brief Description of Article/Presentation/Class**

**Five Key Points Learned from this Education:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Why did you choose this particular article or presentation?**

**Why is this topic pertinent to your vascular access program?**

**How will you apply the information from this article or presentation to your practice?**