

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?