	NAPNAP Individual Program Application Checklist	
	Did you remember to	V
1	Provide Provider Name and Contact Information Describe your plan of action if this course must be canceled (Describe system for notifying	
2	participants and for refunding registration fees).	
	Outline criteria for granting partial credit to participants attending less than the total program.	
1	Explain how complaints from participants will be handled.	
-	Describe how you will assure that all sponsored educational activities have balance, independence,	
5	and objectivity. Submit your speaker disclosure form.	
6	Provide Title of Program	
7	Provide Tentative Date	
8	Provide Name of Person Completing Outline, Position Title, Contact Information	
9	Provide Name of APRN Consultant (if different from person completing application	
10	Identify Purpose of Program (Identify the learning need) Identify Learning Outcomes/Behavioral Objectives*: Describe the expected learner	
	outcomes/objectives in behavioral terms that are attainable, measurable and relevant to pediatric	
	nurse practitioner practice (Usually 1 objective per contact hour is sufficient). *Please designate with	
11	an Rx which outcomes/objectives contain pharmacology content.	
	Provide Brief Outline of Subject Matter: (For each outcome/objective, outline the subject matter that	
	corresponds to the objective. Contents should be current, accurate and listed in logical order)	
12	*Please designate with an Rx which content contains pharmacology content	
13	Provide signature to indicate that you agree to provide references at the conclusion of the program.	
14	Indicate Teaching Strategy	
	Submit Faculty Qualification Record form or a CV for each Speaker	
	Submit Faculty Declaration Form for each Speaker	
	Program Details	
17	Indicate Start and End Time	
18	Indicate Length of Program in Hours and Minutes	
.5	Indicate Requested contact hours, including quantity of pharmacology. Pyschopharmacology or	
19	controlled substance contact hours	
20	Provide Course Promotional Tool	
21	Provide Sample Evaluation Tool	
22	Provide List of course sponsors (if applicable)	
23	Provide signature agreeing to adhere to Continuing Education Guidelines	
	For Self-Study/Self-Paced Courses Only	
	Identify the procedures you use to determine the number of contact hours to be awarded for each	
24	course.	
25	List the procedure for issuing a Certificate of Attendance by specifying when the form will be sent to the participant and how it will be assigned.	
	Identify your policy for the length of time the participant is granted to complete the course.	
	List your policy for revising (updating) course (frequency, criteria, and methods).	
28	Submit a copy of the entire course that you wish to offer for contact hours.	