	NAPNAP Individual Program Application Checklist Did you remember to . . .	
	Section I Identification Data	
	Provide Provider Name and Contact Information	
1	Title of the program	
2	Date of the program	
1	Describe your plan of action if this course must be canceled (Describe system for notifying participants and for refunding registration fees).	
2	Outline criteria for granting partial credit to participants attending less than the total program.	
3	Explain how complaints from participants will be handled.	
4	objectivity.	
5	Submit your speaker disclosure form.	
6	Will this be a self-study/self-paced course? Yes/No (see questions below for Self-Study/Self-Paced Course Only)	
	For Self-Study/Self-Paced Courses Only	
A	Identify the procedures you use to determine the number of contact hours to be awarded for each course.	
B	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.	
C	Identify your policy for the length of time the participant is granted to complete the course.	
D	List your policy for revising (updating) course (frequency, criteria, and methods).	
E	Submit a copy of the entire course that you wish to offer for contact hours.	
	Section II Continuing Education Program Outline	
3,4	Provide Name of Person Completing Outline, Position Title, Contact Information	
5	Are you a Pediatric-Focused APRN? Yes/No Provide Tentative Date	
A	If you answered No, provide APRN Consultant Name, Address, Phone number and Email Address	
6	Identify Purpose of Program (Identify the learning need)	
7	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 an Rx which outcomes/objectives contain pharmacology	
8	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) *Please designate with an Rx which content contains pharmacology content	
9	Indicate Teaching Strategy (Check all methodolgies and learning activities. Utilize principles of adult education.	
10	Are the references to this program available at the time of application submission? Yes/No	
10A.	Submit References (Document currency and accuracy of subject matter by reference/bibliography-within 5 years. Except for classic/seminal references). If available please submit.	
	If the answer to question 10 is No, check the box that says I agree to provide references at the conclusion of the program	
	Program Details	
11	Submit Faculty Qualification Record form or a CV plus a Speaker Disclosure form for each Speaker. This should be combined to one pdf.	
12	Indicate Program Start and End Time	
	Indicate Length of Program in Hours and Minutes	
	Indicate Requested contact hours, including quantity of pharmacology. Pyschopharmacology or controlled substance contact hours	
13	Submit Course Promotional Tool (i.e. flyer, brochure)	
14	Evaluation Method: Please state the process of requesting evaluation feedback from participants (e.g. in-person/electronic?)	
15	Evaluation Method: Submit your sample evaluation tool	
16	Provide a list of course sponsors (if applicable)	
17	Collaborative Agreement. Will you be collaborating with a partner organization/association on the development of this educational event? Yes/No. If yes, please provide name of organization/association	
	Provide signature agreeing to adhere to Continuing Education Guidelines	