NANCEAC Post-Activity Report

This report will collect all information necessary to record the CE activity and maintain NANCEAC accreditation. Completion of all sections of this report is required. **You must submit the *Post-Activity Report* no more than thirty (30) days after each live CE activity. For each continuous CE activity, you must submit the *Post-Activity Report* after one (1) year, and then annually.** NANCEAC staff will be available to help you complete this worksheet.

Section 1 of 6: CE Activity Description

CE Activity Information				
Name of NANCEAC accredited CE provider:				
Title of CE Activity:				
Number of Continuing Education Credit Hours* to be awarded to participants in each category:				
General:	Pain:	Pharmacy:	Obstetrics:	Ethics:
Date	Time	Location		
If continuous, dates of the activity	Starts:		Ends:	

Section 2 of 6: Administrative and Presenter Information

CE Program Director The individual who had overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a NANCEAC accredited CE activity.	
Name	Degree(s)
Title	
Phone	Email

Presenter (if different from above) The individual who partnered with the CE Program Director to develop the CE activity and/or the individual who presented the CE activity to participants.			
Name		Degree(s)	
Title			
Phone		Email	
Administrative Support Staff The individual responsible for the operational and administrative support of the CE activity.			
Name		Degree(s)	
Title			
Address	City	State	ZIP
Phone	Fax	Email	

Section 3 of 6: Number of Participants

Number of Participants	
Number of individuals who received CE credit hours for participating in the CE activity.	
	Total number of participants that attended:
	Number of participants: broken down by type of health care provider:

☐ Include complete sign-in sheets or credit attestation forms for each day
☐ Include sample of the certificate of attendance that was awarded

Section 4 of 6: Methods and Materials

Methods and Materials		
The CE Provider must encourage active participation and include active learning exercises in each CE activity. Please indicate the educational method(s) that were used to achieve the stated learning objectives. Select all that apply by placing an "X" in the appropriate box.		
	Didactic lecture		Case presentations
	Panel discussions		Simulations
	Round table discussions		Hands-on skills training
	Q&A sessions		Other, specify:

☐ Include a copy of the brochure, enduring materials, and marketing materials.
☐ Include a copy of the syllabus/meeting folder.
☐ Include a copy of all materials that will be given to participants in the future (e.g., newsletters, follow-up emails, new information etc.).

Section 5 of 6: Learning Assessment and Evaluation

Learning Assessment and CE Activity Evaluation		
How were changes in participant knowledge, competence, or performance measured? Place an "X" next to all tools that were used to assess participant learning and to evaluate the activity.		
Knowledge		
	Evaluation form for participants **(required)**		Physician and/or patient surveys
	Customized pre and post-test		Other, specify:
Competence		
	Adherence to guidelines		Physician and/or patient surveys
	Case-based studies		Other, specify:
Performance		
	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals		Obtain patient feedback and surveys
	Demonstration by participant of hands-on skills		Other, specify:

☐ Provide summary data for the evaluation methods selected for all participants.
☐ Provide summary data for the evaluation methods selected by type of health care provider.

Section 6 of 6: Fiduciary Relationships for Commercial Entities

☐ Final budget report, listing all income and expenses
☐ List of the commercial support grant checks, amounts, check numbers, and date paid

If you are a commercial entity, we strongly encourage you to use the budget template provided by NANCEAC. If you have your own template, please ensure that income and expenses are listed in detail as requested in the NANCEAC budget template.

Required Documents to Attach
The following attachments must be included with this report:
1. **Copies of complete sign-in sheets or credit attestation forms for each day**

2. **Copies of materials given to participants**:
   ☐ Include a copy of the brochure, enduring materials, and marketing materials.
   ☐ Include a copy of the syllabus/meeting folder.
   ☐ Include a copy of all materials that will be given to participants in the future (e.g., newsletters, follow-up emails, new information etc.).
   ☐ Include sample of the certificate of attendance that was awarded

3. **Evaluation summary** (separated by types of healthcare professionals)

   If you are a commercial entity, include the following:

4. **Final Budget Report** (use template provided or you can use your own)
5. **List of the commercial support grant checks**