



### Quality Assurance Checklist

A UKHCCEC staff member, activity director, moderator or other qualified designee should complete this form.

**Activity Title** Trauma Outcomes and Performance Improvement Course (TOPIC)

**Activity Date** 3/11/2026

**CE Representative (name of individual completing this form)** Eric Cohen

**Number of speakers to review:**

**Presenter disclosed relevant financial interest via handout**  Yes

**Presenter disclosed relevant financial interest via handout**  Yes

**Speaker** Eric Cohen

**Presenter disclosed relevant financial interest via handout**  Yes

**Speaker checklist**

- Used the generic term when referring to drugs
- If used a trade name, compared and contrasted several products
- Presentation was objective and fairly balanced
- Participants were actively involved in the learning process through group discussion, Q and A, posttest, case study, simulation and/or problem-solving exercises

**Speaker** Jessica Cofran

**Presenter disclosed relevant financial interest via handout**  Yes

**Speaker checklist**

- Used the generic term when referring to drugs

If used a trade name, compared and contrasted several products

Presentation was objective and fairly balanced

Participants were actively involved in the learning process through group discussion, Q and A, posttest, case study, simulation and/or problem-solving exercises

## Assess Commercial Support

**Representative on site:**

No

**Supporter involvement**

No

## Assess Ancillary Activities (Exhibits, Advertising, Promotion, Non-Accredited Activities, Social Events)

Accreditation standards require ancillary activities to be held outside the education space, or if held in the same educational space, to be separated by a 30 minute interval between the accredited activity and the ancillary activity.

**Did the program include an ancillary activity?**

No

**Ticket ID**

37485

**Email**

shull@traumanurses.org