



## Quality Assurance Checklist

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

**Activity Title** Antithrombotic Therapy In Post-Acute and Long-Term Care: What to treat, what to use and when to stop antithrombotic medications

**Activity Date** 3/18/26

**CE Representative (name of individual completing this form)** Christine Munna

**Number of speakers to review:**

**Presenter disclosed relevant financial interest via handout**

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**Speaker** Leslie Eber

**Presenter disclosed relevant financial interest via handout**

**Speaker checklist**

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## 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**

25738

**Email**

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