



### Quality Assurance Checklist

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

**Activity Title** Virtual TOPIC

**Activity Date** 4/28/26

**CE Representative (name of individual completing this form)** Jes Cofran

**Number of speakers to review:**

**Presenter disclosed relevant financial interest via handout**

**Presenter disclosed relevant financial interest via handout**

**Speaker** Jes Cofran

**Presenter disclosed relevant financial interest via handout**

**Presenter disclosed verbally:**

**Speaker checklist**

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**Speaker** Danielle Sherar

**Presenter disclosed relevant financial interest via handout**

No

**Presenter disclosed verbally:**

Presenter had nothing to disclose

**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**

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