



### Quality Assurance Checklist

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

**Activity Title** TOPIC Virtual

**Activity Date** 5.28.26

**CE Representative (name of individual completing this form)** Tracy McDonald

**Number of speakers to review:**

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

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

**Speaker** Tracy McDonald

**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** Ehyal Shweiki

**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**

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