



### Quality Assurance Checklist

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

**Activity Title** TOPIC Texas

**Activity Date** May 29, 2026

**CE Representative (name of individual completing this form)** Elizabeth Seislove

**Number of speakers to review:**

**Presenter disclosed relevant financial interest via handout**

**Presenter disclosed relevant financial interest via handout**

**Speaker** Elizabeth Seislove

**Presenter disclosed relevant financial interest via handout**

**Speaker checklist**

**Speaker** Diana Norris

**Presenter disclosed relevant financial interest via handout**

**Speaker checklist**

#### Assess Commercial Support

**Representative on site:**

**Supporter involvement**

**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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