

# Continuing NURSING EdUCATION

# Accreditation FINAL REPORT FORM

**Ingram School of Nursing, Faculty of Medicine, McGill University**

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| --- | --- |
| **EVENT INFORMATION:** | |
| Title: |  |
| Date of activity: (yyyy/mmm/dd) |  |
| Department: |  |
| Organizing Committee Chair: |  |

|  |  |
| --- | --- |
| **NUMBER OF REGISTRANTS:** | |
| Nurses: |  |
| Family Physicians: |  |
| Nursing Students: |  |
| Other Health Care Professionals: |  |

Checklist:

# Enclose the following supporting documentation to your final report:

* Promotional Brochure
* Final Program
* Promotional information or handouts distributed
* **Excel Spreadsheet** “All Participants List”: including participant’s first name, family name, email address, professional order, license number, province, accreditation date, credit type, name of event, and credit quantity (Electronic and hardcopy copy format)
* **Sign-in-Sheet:** including participants first name, family name, professional order, license number and signatures (original)
* A summary of the **compiled results** from the participants’ completed evaluation forms
* **Signed** copies of the conflict of interest disclosure form, all speakers. If not previously submitted

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## PROGRAM COMMITTEE CHAIR’S COMMENTS:

Please provide details on the following: Fulfilment of course objectives, Audience response/feedback, Success or failure of new approaches, Ideas for future event, Pre-test and post-test results.

**PROGRAM COMMITTEE CHAIR (SIGNATURE) DATE:** (yyyy/mmm/dd)

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