

Record Keeping Checklist:

This form may be duplicated and used to document the Provider's record keeping requirements.

Please list the Universal Activity Number	Activity A	Activity B	Activity C
Activity Description Form			
Joint Providership agreement (if applicable)			
Educational needs assessment and results utilized to develop the activity			
Learning objectives			
Pharmacist and/or pharmacy technician designation			
Activity type designation (knowledge, application or certificate)			
Activity announcement materials			
Documentation of amount of credit assigned to activity			
Guidance provided to faculty			
Standards for Integrity and Independence – all financial relationships disclosure forms			
Standards for Integrity and Independence – conflict of interest mitigation (if applicable)			
Standards for Integrity and Independence – participant disclosure for relevant financial relationships and commercial support			
Instructional materials (including paper copy of slides, handout materials, etc.)			
Documentation of active participation in learning			
Learning assessment techniques / documentation of participant completion			
Activity evaluation instrument and summary results			
Documentation that participants have/have not met requirement for receiving credit			
Proposed budget			
Actual budget			