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# CE Activity Approval Checklist

The application review process is typically a 6 weeks timeframe and will begin once all [required forms](https://www.forensicnurses.org/page/CEApproverDetails#anchor_1502465581657) and payment are received.

Expedited review may be requested with an additional fee. Please see [**fee schedule**](https://www.forensicnurses.org/page/CEApproverDetails#anchor_1502465590888).

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|  | 1. CE Activity Approval Application and Application Fee\* |
|  | 1. IEA Application\* |
|  | 1. Applicant Eligibility Verification\* |
|  | 1. Educational Planning Table\* |
|  | 1. CE Agenda (must be included if applying for 3 contact hours) |
|  | 1. Conflict of Interest Forms/Bios\* (Ensure title, date, role, demographic info is current for each presenter, committee member, and/or nurse planner) |
|  | 1. Participant List/Attendance Tracker\* (Include Sign in sheet or describe how you plan to track attendance) |
|  | 1. Evaluation Template\* |
|  | 1. CE Certificate Sample (with 2020 ANCC Statement, reference section K, located in IEA Application)\* |
|  | 1. Marketing Material with Statement\* (if pending activity, reference section K, located in the IEA Application) |
|  | 1. Disclosure to participants (see attachment 6)\* |
|  | 1. Presentation Handout/Slide deck/PPT (if applicable) |
|  | 1. Commercial Support Agreement (if applicable) |
|  | 1. Commercial Interest Addendum (if applicable) |
|  | 1. Joint Provider Agreement (only if event is jointly provided, available upon request) |

\* Applications will be reviewed once all required documents and fees are received

Contact [CE@ForensicNurses.org](mailto:CE@ForensicNurses.org) for assistance or questions, if needed