

Continuing Education Assessment Form

Program/Activity: _____

Date: _____ Professional Development Hours: _____

This worksheet is intended for use by individuals and sponsors of continuing education courses. The Board of AELSLAGID does NOT pre-approve courses. This form is intended for self-examination to determine if PDHs may be claimed for an activity. A copy of this form, completed by the course sponsor, may be provided to participants should the sponsor desire to do so.

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1. Does this activity provide information that directly benefits the health, safety, and welfare of the public? How so? _____

2. Is there a clear purpose and objective that will maintain, improve, or expand your skills and knowledge obtained prior to initial licensure or certification or develop new and relevant skills and knowledge? What is it? _____

3. Is the content of the presentation well organized and presented in a sequential manner? Explain. _____

4. Is there evidence of pre-planning and is there an opportunity for input from the target audience? Explain. _____

5. Is the presentation made by persons who are well qualified? Who is the presenter? How are they qualified (education/experience, etc.)? _____

6. Is there documentation of your participation in the activity? What is it? (Keep for your records). _____

You must accurately answer all of the above questions. If your answer to any of the questions is no, this activity may not qualify for professional development hours.

*** Keep this form for your records. DO NOT submit it to the Board of AELSLAGID.**
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