

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
 Department of Education and Consulting Services
Continuing Education Approval Worksheet

PRE-CLASS/PROGRAM:

Class/Program Title: _____
 Class/Program Date: _____ Scheduled Time: _____
 Submitted By: _____ Date: _____
 Extension: _____ Fax: _____

YES NO

COMMENTS:

Objectives/Student Learning Outcomes _____

Course Description/Lesson Plan(s)/Outline(s) (For each class) _____

Instructor Curriculum Vitae/Resume _____

Course Content must be at a level above that required for licensure and related to one or more of the following areas:

Theoretical concepts relevant to practice of nursing _____

Application of scientific knowledge/technical skills required for the practice of nursing _____

Direct/indirect patient care _____

Contact Hours meet requirements
 ▪ Course must be at least one hour in length
 ▪ 50 minutes instruction=1 contact hour
 ▪ 3 hours of course related clinical practice=1 contact hour _____

Method of Evaluation:

Class/Program Evaluation _____

Written Exam (if used) _____

Other Method, Explain _____

Other:

Advertisement/Flyer, if used, includes mandatory language _____

Schedule _____

Reviewed By: _____ Date: _____

Approved for _____ Contact Hours Not Approved (See above)

POST-CLASS/PROGRAM:

- Roster
- Class/Program Application
- Summary Evaluation/Individual Evaluations

Office Management Staff Contact Person: _____

