

**Program Planning Application**

**Slide Review**

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| Items for Review | Status | Notes |
| Slide 2 = Speaker disclosure slide | No changes necessary  Revisions suggested  Revisions required |  |
| Slide 3 = ACPE slide with statement and [logo](https://cop-cpe.sites.medinfo.ufl.edu/files/2017/10/ACPE_Logo.png) (The University of Florida College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education) | No changes necessary  Revisions suggested  Revisions required |  |
| Slide 4 = List of objectives | No changes necessary  Revisions suggested  Revisions required |  |
| The stated learning objectives were met | No changes necessary  Revisions suggested  Revisions required |  |
| The activity is evidence based   * References are current and appropriate * References are used throughout | No changes necessary  Revisions suggested  Revisions required |  |
| The activity is free of commercial bias | No changes necessary  Revisions suggested  Revisions required |  |
| The presentation is well organized with concepts clearly explained | No changes necessary  Revisions suggested  Revisions required |  |
| Grammar/Spelling | No changes necessary  Revisions suggested  Revisions required |  |
| Slide layout/visual appeal   * Font size appropriate * Font(s) used are appropriate * Slides are appropriate for readability | No changes necessary  Revisions suggested  Revisions required |  |
| The number of slides are appropriate for the allotted presentation time | No changes necessary  Revisions suggested  Revisions required |  |
| The images/graphics are free of copyright issues or cited appropriately | No changes necessary  Revisions suggested  Revisions required |  |
| All brand names are accompanied by the generic drug name(s) | No changes necessary  Revisions suggested  Revisions required |  |
| 2 to 3 active learning questions are included in the presentation | No changes necessary  Revisions suggested  Revisions required |  |
| The presentation meets the requirement of the activity type | No changes necessary  Revisions suggested  Revisions required |  |

**Additional Comments:**