

**Program Planning Application**

**Slide Review**

**Program Name**:

**UAN:**

**Activity Type:** Choose an item.

**Number of Credit Hours:** Choose an item.

**Review Version:** Choose an item.

**Reviewed by**:

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| --- | --- |
| **Review Date:** Click here to enter a date.**Reviewer Signature**:  |  |

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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:**