

National AHEC Organization HPV Immunization Project

SAMPLE PROGRAM TASK LIST

Program Title

Date

(Put an "X" under the name of the person responsible for each task. This can be used as part of planning meetings/discussions)

Task	(name of person responsible)	(name of person responsible)	Date completed/Comments
Complete Planning Form			
Set-up folder in computer			
Enter program in database if applicable			
Identify speakers			
Contact speakers			
Send letter of agreement to speakers			
Room reservation			
Contract/Letter of agreement			
Budget: Prepared			
Signed by			
Sent			
Received back from			
CME or CE Credit applications applied for			
Type of credit:			
Request check for credit			
Mail credit application with check			
Produce flyer/brochure			
Set up registration form, being sure to include all required information for the HPV Project			
Manager participant registration online or paper.			
Request honorarium checks if needed			
E-mail confirmation letters to participants			
Handouts - ____ received: DATE			
E-mail final confirmation letter prior to program - include link for handouts			
Prepare & Copy HPV Project Evaluation form to be administered at the end of the event			
Order food for meals/breaks if providing			
Evaluation for HPV Project Complete			
Follow-up Evaluation for HPV Project Complete			
Evaluation for CME or CE Credit Complete			
CME or CE Certificates complete			
Completed			DATE
By:			