**Title of the Activity:** Click or tap here to enter text.

**Learning Outcome (s):** Click or tap here to enter text.

**Select all that apply:  Nursing Professional Development  Patient Outcome  Other**

| **If other Describe:** | |  | | | |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **CONTENT\***  **(Topics / Titles)**  Provide an outline of the content | | | **TIME FRAME**  **(if live)**  Required for content | **PRESENTER/ AUTHOR** | **TEACHING METHODS** |
|  | | | | | |
| **1.** |  | |  |  |  |
| List the evidence-based references used for developing this educational activity: | | | | | |
| **2.** |  | |  |  |  |
| List the evidence-based references used for developing this educational activity: | | | | | |
| **3.** |  | |  |  |  |
| List the evidence-based references used for developing this educational activity: | | | | | |
| **4.** |  | |  |  |  |
| List the evidence-based references used for developing this educational activity: | | | | | |
| **5.** |  | |  |  |  |
| List the evidence-based references used for developing this educational activity: | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If Live:** |  |  |  | **If Enduring:** | | Method of calculating contact hours |  |
|  | Total Minutes\*\* |  |  |  | | Pilot Study  Historical Data  Complexity of Content | |
|  | Divided by 60 |  |  |  | |
|  | = Contact Hours |  |  |  | |
| \*\*Post evaluation for the learning activity may be included in the total time when calculating contact hours. | | | |  | | Other – Describe: | |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| **Estimated Number of Contact Hours to be awarded:** | | | | | **Estimated Number of Contact Hours to be awarded:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed By:** |  |  |  |
| Name and Credentials |  | Date |