**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 |