**Title of Activity:**

**Identified Gap(s):**

**Description of current state:**

**Description of desired/achievable state:**

**Gap to be addressed by this activity:** [ ] **Knowledge** [ ]  **Skills** [ ] **Practice** [ ] **Other: Describe**

| **Learning Outcome (s)**      **Select all that apply:** **[ ] Nursing Professional Development** **[ ]  Patient Outcome** **[ ] Other: ­­­­­­­­­­­­­­­­­­­­­­Describe**       |
| --- |
| **CONTENT****(Topics)** | **TIME****FRAME (if live)** | **PRESENTER/ AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| Provide Title of Topic With Outline of Content*Insert additional rows as needed*  | Approximate time required for content | List the Presenter/Author | List the learner engagement strategies to be used by Faculty, Presenters, Authors |
|       |       |       |       |
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|       |       |       |       |
|       **Please add additional rows to this table if needed** |       |       |       |
| List the evidence-based references used for developing this educational activity: |

**For guidance on completing this form, please View the Nurse Planner Update powerpoint attached:**

<https://winthrop.sabacloud.com/Saba/Web_spf/PRODTNT018/common/registercatalog/dowbt000000000009298>

# Calculate the Number of Contact Hours using the times you recorded in the table above.

**If Live:**

**Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.**

**Total Minutes**      **divided by 60=**     **contact hour(s)**

**If Enduring:**

**Method of calculating contact hours:**

[ ]  **Pilot Study** [ ]  **Historical Data** [ ]  **Complexity of Content** [ ]  **Other: Describe**

**Estimated Number of Contact Hours to be awarded:**

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

**Approved by Nurse Education Director of the Provider Unit : Date:**

**Email this completed form to Alice Nash, PhD at** **Alice.Nash@nyulangone.org** **at least two weeks prior to your activity date.**