**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.cloud-cme.com/assets/winthrop/NursePlanningTable/2020%20Nurse%20Planner%20Update.pptx>

# 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**](mailto:Alice.Nash@nyulangone.org) **at least two weeks prior to your activity date.**