|  |  |
| --- | --- |
| NCEC # |  |

DARTMOUTH-HITCHCOCK NURSING CONTINUING EDUCATION COUNCIL

EDUCATIONAL PLANNING TABLE (2015 CRITERIA)

LIVE/ENDURING MATERIAL (Rev. 3/2/2017)

**Title of Activity:**

**Activity Type:** [ ]  Provider-directed, provider-paced: Live (in person or webinar)

(check one) Date(s) of Live Activity:

 [ ]  Provider-directed, learner-paced: Enduring Material

 Start Date of Enduring Material: Expiration/End Date:

[ ]  Blended activity

 Date(s) of Enduring Materials:

 Date of Live Portion of Activity:

1. **Content for this educational activity was chosen:** (check all that apply **and** fill in the source)

[ ]  Information available from the following organization/web site (organization/web site must use current available evidence within the past 5 – 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): Click here to enter text.

[ ]  Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): Click here to enter text.

[ ]  Clinical guidelines (example – [www.guidelines.gov](http://www.guidelines.gov)): Click here to enter text.

[ ]  Expert resource (individual, organization, educational institute) (book, article, web site): Click here to enter text.

[ ]  Textbook reference: Click here to enter text.

[ ]  Other: Click here to enter text.

1. **List the evidence-based references used for developing this educational activity:**
2. **Learning Outcome:** (check all that apply)

[ ]  Nursing Professional Development

[ ]  Patient Outcome

[ ]  Other: Click here to enter text.

D. **Learning Outcome(s) Statement:** (This is from the portal form. State what this activity is designed to change in terms of learners’ knowledge, competence/skill, performance or patient outcomes (what is the **Desired Learning Outcome**?) (Maximum 50 words)

E.

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTENT** | **TIME FRAME**  | **PRESENTER** | **LEARNER****ENGAGEMENT1** |
| Provide a bulleted content outline of the talking points that the presenter will cover for each presentation or attach presenter’s slide set for each presentation. (Do not list objectives here.) | Time in minutes for each presentation. | Faculty for each presentation.  | See key below. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**1 LEARNER ENGAGEMENT KEY:** Using this Learner Engagement key, describe how **learners** will be engaged in the activity.

A=Integrating opportunities for dialogue or question/answer

B=Including time for self-check or reflection

C=Analyzing case studies

D=Providing opportunities for problem-based learning

E= Other – Describe: Click here to enter text.

F. Complete the table below for each faculty/presenter/author or provide a faculty list separately.

|  |  |
| --- | --- |
| **Faculty/Presenter/Author****First Name Last Name, Degree(s)/Credential(s) – Position/Title, Affiliation, Affiliation City/State** | **COI Form** |
|  | [ ]  Yes |
|  | [ ]  Yes |
|  | [ ]  Yes |
|  | [ ]  Yes |
|  | [ ]  Yes |

*To add more lines:*  Right-click in the cell and select ‘Insert -> Insert Rows Above’

If COI form is signed electronically, be sure to include the email from the faculty member with the COI form as an attachment therefore verifying the electronic signature.

Failure to disclose and resolve (if needed), in advance of the activity, by not completing, signing and returning the *Dartmouth-Hitchcock (D-H) COI Policy and COI Resolution Form* or by withholding complete information shall constitute a refusal to disclose and therefore require disqualification of the speaker, author or anyone in a position to control content from participation in the activity.