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

DARTMOUTH-HITCHCOCK NURSING CONTINUING EDUCATION COUNCIL

EDUCATIONAL PLANNING TABLE (2015 CRITERIA)

LIVE/ENDURING MATERIAL (Rev. 11/18/2021)

**Title of Activity:**

**Activity Type:**  Provider-directed, provider-paced: Traditional in-person and/or virtual webinar, synchronous, i.e. at the same time

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

Provider-directed, learner-paced: Enduring Material

Start Date of Enduring Material: Expiration/End Date:

Blended activity, synchronous and asynchronous, i.e. combination of webinar and modules Date(s) of Enduring Materials:

Date of Live Portion of Activity:

NOTE: A separate accreditation submission is needed for an accredited enduring material of a recorded 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site must use current available evidence within the past 5 – 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): Click here to enter text.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, skills/strategy, performance of the healthcare team, 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** | **Financial Disclosure Form\*** |
|  | Yes |
|  | Yes |
|  | Yes |

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

\*Not applicable if the entire content of this CE activity is non-clinical. Accredited providers do not need to identify, mitigate or disclose relevant financial relationships for non-clinical activities. Therefore, the Financial Disclosure forms do not need to be collected from faculty or planners.

If the Financial Disclosure form is signed electronically by typing signature, be sure to include the email from the faculty member with the Financial Disclosure form as an attachment therefore verifying the electronic signature. Digital ID signature is preferred.

Failure to disclose and mitigate (if needed), in advance of the activity, by not completing, signing and returning the *Dartmouth-Hitchcock (D-H) Financial Disclosure and Agreement 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.