Accredited Continuing Education Planning Form

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| **Title of Activity:**Click or tap here to enter text. | |
| **Date of first planning meeting:** | Click or tap here to enter text. |

Agenda and Educational Design

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| *Day* | *Start Time* | *End Time* | *Minutes* | *CE Eligible Segment* | *Room/Virtual Location* | *Content Title/Description* | *Presenter/Author* | *Engagement Strategies\** |
| *8.14.25* | *1200* | *1300* | *60* |  | *Classroom 3* | *Interdisciplinary Collaboration with examples of best practices in CE* | *Kelly Boyd* | Question & Answer  Polling  Annotate  Breakout/Small group sessions  Time for self-reflection  Case Studies  Problem-based learning  Think-Pair-Share  Role Playing/Simulation  Storytelling  Other |
|  |  |  |  |  |  |  |  | Question & Answer  Polling  Annotate  Breakout/Small group sessions  Time for self-reflection  Case Studies  Problem-based learning  Think-Pair-Share  Role Playing/Simulation  Storytelling  Other |
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| Evidence-Based References  *Note: Current available evidence published in the past 5-7 years. Please list specific web link to content when using.*  *\*\*If submitting Enduring Material – must include bibliography in power point/educational content* | |
| *Organizations, websites, articles, books:* |  |
| *Peer-reviewed journal /resource:* |  |
| *Clinical guidelines:* |  |
| *Textbook reference:* |  |
| *Content Expert Bio/CV :* |  |
| *Expert Resource (requires Bio/CV):* |  |
| *Other:* |  |
| Repeat Course Information | |
| *Will this same exact\* course be held Multiple Times in the same calendar year? (Repeat Course)*  *\*No change to faculty, outcomes etc. Dates/times may change* | |
| No  Yes- If yes, only submit one application. Once approved, we will follow up with next steps. Please list dates and times below, if known. If date is not known, complete the “Add an Additional Date for an Approved Course” | |
| Notes to CE Team | |
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