

**SON USE ONLY:**
Date received:

Approval Accepted Denied

Date Approved/Denied

**Educational Planning Table – Live / Enduring Material**

Live = In Person Enduring = Online

**1. Title of Activity:**

 **2. Identified Gap(s):**

**Description of current state**:

**Description of desired/achievable state**:

**Gap to be addressed by this activity**: \_\_\_\_\_ Knowledge \_\_\_\_\_ Skills \_\_\_\_\_ Practice \_\_\_\_\_Other: Describe

**3. Learning outcomes: (minimum of 3)
The learner will be able to:**

a)

b)
c)

**4. Select all that apply:**

Nursing Professional Development  Patient Outcome  Other: Describe: Mandatory information for front line professionals

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTENT(topics)** | **TIME FRAME(if live)** | **PRESENTER / AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| Provide an outline of the content related to the Learning Outcomes above | Approximate time required for content | List the author(s) | List the learner engagement strategies to be used by faculty, presenters, authors |
| **Learning outcome A:** The learner will be able to describe the dynamics of Human Trafficking Definition, categories and components of Human Trafficking | 15 Minutes | Jane Doe | Powerpoint/lecture |
|  |  |  |  |
|  |  |  |  |

**5. List the evidence-based references used for developing this educational activity: (minimum of 3 recent resources)**

1)

2)

3)

6. **Presenter / Faculty** (if not faculty or employee, provide CV and bio)

**7. Planning committee and credentials** (members who can control content)

To be completed by the SON CE Committee

**8. If Live: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.** Total Minutes:

9. 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, Credentials and Title Date