**Instructor Information and Planning Tables Form Please complete all required areas (ONE FORM PER INSTRUCTOR)**

Presenter name:       Title:       Type of License:       State:       Exp. Date:

Address:       City       State       Zip       Phone number:       Email address:

Date of Activity:

Title of Conference

Session Title :

 Identified Gap(s) *The reason for this educational activity*:

Description of current state (*Where the nurses at*?):

Description of desired/achievable state (*learning outcome must be measurable*):

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

Please declare any Conflict of interest, if any. [ ]  None

**Conflict of interest:**

**Please state your qualification/s to be a speaker on this topic.**

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| **Objectives (max 3)** | **Content-bullets** | **Time frame in minutes**  | **Teaching Strategy. *Check all that applies*** |
|       |       |       | [ ] Lecture [ ]  Discussion[ ]  Q & A [ ]  Powerpoint[ ]  Demonstration [ ]  Role Play[ ]  Video [ ]  Post Test |
|       |       |       | [ ]  Lecture [ ]  Discussion[ ]  Q & A [ ]  Powerpoint[ ]  Demonstration [ ]  Role Play[ ]  Video [ ]  Post Test |
|       |       |       | [ ]  Lecture [ ]  Discussion[ ]  Q & A [ ]  Powerpoint[ ]  Demonstration [ ]  Role Play[ ]  Video [ ]  Post Test |

**Educational Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College/University | Major | Degree | Area of Preparation  | Year degree granted |
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**Professional Experience (start with most recent)**

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| --- | --- | --- | --- | --- |
| Agency | Position | Clinical Area | Start Date | End date |
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**Teaching Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title  | Description | Location | Start Date | End Date |
|       |       |       |       |       |
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Thank you. PNAAF2018