

PLANNING FORM FOR A CO-SPONSORED EDUCATION ACTIVITY

DIRECTIONS: Please complete and return form with required attachments to: natalie.bryant@wku.edu

1. Co-sponsor's Name: _____
2. Address _____

(City) (State) (Zip)
3. Name of Person Requesting Co-sponsorship: _____
4. Telephone Number: _____
5. Fax Number: _____
6. E-Mail Address: _____
7. Title of Educational Activity: _____
8. Type of Educational Activity: (e.g. Offering, Program, Conference/Course,
Independent Study): _____
9. Total Number of Contact Hours Requested: _____
10. Inclusive Dates and Times: Starting: Date _____ Time _____
Ending: Date _____ Time _____
11. Location of Educational Activity: _____
12. Physical Facility (describe how this accommodates the adult learner: location, size, etc.)
13. Description of the target audience for whom the educational activity is planned, i.e.,
characteristics of the target population of participants:

14. Describe how the need for the educational activity was assessed, including how learner input was considered in such areas as content, location, and scheduling (include copies of need assessment, etc.)

15. Use the documentation form to state behavioral objectives, content outline, teaching methodology, time frame, faculty and teaching methods.

16. Names and qualifications of the presenter(s). The attached biographical data form may be used to provide this information.

17. Names and qualifications of the planners of the program. The biographical data form may be used to provide this information.

18. If online registration, please provide registration link:

Nursing Continuing Education Content Form

Title of Offering/Program:
KBN # 5-0026-12-23-_____

Program Date:
Location:

Objectives List objectives in operational/ behavioral terms.	Content (Topics) List each topic area to be covered and provide a description or outline of the content to be presented.	Time Frame State the time frame for the topic area.	Faculty List the faculty or presenter, with credentials, for each topic.	Teaching Strategies List the teaching strategies by each presenter for each topic or content area.
	Evaluations and certificates			

PROPOSED BUDGET

I. When No Fee Is Charged

If no fee is charged to participants, include a narrative statement explaining policies regarding financing. _____

II. When A Fee Is Charged

Projected Income	Explanation	Amt.
A. Fee to Learner		
Number of learners expected		
Projected income from fees		
B. Other Income: Grants		
Other Income:		
Total Expected Income		

Projected Expenses	Explanation	Amt.
Instructional Staff (include honoraria, travel, etc.)		
Facility Used		
Miscellaneous		
Marketing		
Postage		
Evaluation		
Meals & Beverages		
CE Fees		
Total Projected Expenses		

If revenues and expenses are not equal, explain the source or additional funds or how revenues will be used.

Name of Provider/Co-provider: South Central KY AHEC /

Title of Offering: _____

(Date)

Signature (person submitting plan)



Area Health Education Center
South Central Kentucky

Biographical Data Form

Check all that apply: Administrator _____ Planner _____ Presenter _____

Name (*Name and Degree*): _____

Home Address: _____

Employer Name & Address) _____

Telephone: _____ Fax: _____

E-Mail Address:

Present Position (*title and description*):

Education (include basic preparation through highest degree held):

Degree	Institution (<i>Name, City, State</i>)	Major Area of Study	Year Degree Awarded
1.			
2.			
3.			

Describe your professional experience or areas of expertise (including publications) which contribute to your knowledge of the topic/s to be addressed and/or your involvement with the organization seeking credit.