**Educational Activity Title:** Click or tap here to enter text.

**Contact Hours Awarded:** Click or tap here to enter text.

**Live Date:** Click here to enter a date.*(if applicable)*

**Enduring Dates:** Click here to enter text. *(if applicable)*

**Location:** Click here to enter text.

**Indicate if the appropriate disclosure to participants occurred at this activity.** [ ]  **YES** [ ]  **NO**

**Activity Attendance: Total # attended:** Click here to enter text.

|  |  |
| --- | --- |
| **Category** | **# Attended** |
| **RN- *Required*** | Click here to enter text. |
| **LPN- optional** | Click here to enter text. |
| **Social Worker-optional** | Click here to enter text. |
| **Other- optional** | Click here to enter text. |

**Nurse Planner Summary Comments:**

**Desired learning outcomes***: (write outcomes here)*

**Analysis of Data related to meeting outcomes:**

**Plans for future activities based on data analysis:**

**Supplementary evaluation results for ENDURING activity:**