

Program Information Form

(Please complete entire form for each session and submit with CPE request form.)

Session Title: _____

Date of Presentation: _____

Start & End Time of Presentation (including Q &A): _____

CPE Category (I, II or III): _____ **Learning Need Code(s):** _____

Speaker Name(s): _____

Professional Title(s): _____

Outcome-Oriented Learning Objectives for the Session:

1. _____

2. _____

3. _____

Instructional Method(s) Planned (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Case Review | <input type="checkbox"/> Experiential Skill Development |
| <input type="checkbox"/> Role-Play | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Coaching | |

Please indicate how the learning objectives will be assessed (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Case Studies | <input type="checkbox"/> Action Planning |
| <input type="checkbox"/> Role-Play Scenarios | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Test Questions | <input type="checkbox"/> Question/Answer Session |
| <input type="checkbox"/> Other (please specify): _____ | |

Speaker Information:

Educational Background [degrees(s), area(s) of concentration, name of educational institution(s)]:

Professional Background (current and past employment, dates and year):

