

Kinney College of Nursing and Health Professions Center for Health Professions Learning

Does your organization wish to provide contact hours for your educational activity in healthcare?

The University of Southern Indiana Center for Health Professions Lifelong Learning (CHPLL) is designated as a provider by Joint Accreditation for Interprofessionaltinuing Education. The University of Southern Indiana Kinney College of Nursing and Health Professions (UHST) KCN programming meets the expectations for most states and organizations depairs mandatory continuing education contact hours for license and/or itemation renewal.

The USI CHPLL must breaived in planning, implementation, and evaluation of the educational activity to meet Joint Accreditation expectations. Requests must be received to the beginning of planning. If you would like to work writour team, please complete and submit this document to Dr. v]š, PvIZPv) µ•]X µ. Your request will be reviewed followed by naudecrasted to the contact person within 7 business days. If approved, your diduntal activity will be assigned to a member of the staff.

Name of organization:

Type of organization (nonrofit, grant related, healthcare institution, commercial interest):

Name of contact person

Emal of contact person

Phone number of contact person:

Requested/anticipated date of event:

Target audience for your education elvent: $\sim v \mu \times e^{\bullet} \cdot U \times Z \times e^{\bullet} = e^{\bullet} \cdot U \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} = e^{\bullet} \cdot U \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} = e^{\bullet} \cdot U \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} = e^{\bullet} \cdot U \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} = e^{\bullet} \cdot U \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} \times e^{\bullet} = e^{\bullet} \cdot U \times e^{\bullet} \times e$

Expected number of participants:
Will participants be paying a registration fee?
Live or virtual event:
Location (if live event):
One-hour, Half-day, full-day, multi-day event:
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Will you need CHPLL supportW
For registration The day of this event For virtual hosting
Will you need USI support for marketing this eventM
Will you need USI support for reserving a room on campus for this event?
Will your event receive monetary or in-kind support from any commercial entity (list here)
What was the impetus for offering an educational activity? -Survey of target audience, change
in guidelines, improvement in patient outcomes, other
Describe the current state.
Describe the current state.
Describe the desired/achievable state.
Describe the desired/acritevable state.
Identify the professional development gap to be addressed by this activityKnowledge, skills/
strategy, practice/performance