

Continuing Education Activity Proposal

Please complete this CE Activity proposal form. If you are interested in proposing multi-day or multi-session programs, please submit a proposal for each session.

Activity Information

Activity Title						
Nature of the CE Activity: WSP-hosted CE activity WSP CE Sponsorship for an expense.	xternal group	CEs Requested				
Activity Type		If "other", please specify:				
Delivery Mode		Presentation Format				
Proposed Date(s)		Proposed Time(s)				
Locations(s)	·					
Activity Description: 50-100 words (Narrative should clearly map onto the references)						
. Participants: Provide the information	n below to help us know :	your target audience				
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Intended Audience	Psychologists Social Workers	Therapists Nurses Graduate Students Counselors MD/Dos Other:				
Audience level of knowledge about the topic?						
Estimated Attendance						
Activity Planning: Check the boxes if they apply to you. I am working with a planning committee. The event will be co-sponsored with another group/organization. I am planning this activity alone.						
Activity Justification: Respond to the prompts below.						
Briefly describe the origins of this activity. Include the professional, knowledge, or skill gap that you think this activity fills. (Use the Needs Assessment Table resource page to help you complete this section)						



How will this activity address this need and benefit learners and their clients?				
Answer only if you have offered this activity before. Otherwise, write "N/A"				
Briefly describe how you have identified, planned, and implemented the needed/desired changes in the overall program to improve its effectiveness?				
References/Evidence: Provide at least 3 relevant, current (less than 10 years old), peer-reviewed (e.g., journal article) references that support and reflect the learning educational objectives and CE activity description. Please provide other references on the reference list template page (if applicable). All references must be in the required APA format.				
Content Areas: Review the <u>Approved Content Areas</u> resource page to see the approved areas then explain the activity's fit with the selected area(s), ensuring that the CE activity descriptions clearly maps onto the references.				
Diversity 9 Inclusion: How will you offend	to diversity, multiculturalism, and accessibility in this pativity?			
Diversity & Inclusion. How will you attend	to diversity, multiculturalism, and accessibility in this activity?			
	uld be clearly reflected in the activity description. Use template if more space is ducational Objectives for Continuing Education Activities resource page.			



Educational Method(s): What methods will you utilize? (Select all that apply)							
Video demonstration Case-based Individual Study Other, specify:	Discussion (large/small) Modeling Direct Instruction	Simulations Presentation Handouts	Panel Discussion Group Work Journal-based				
Supplemental Materials: List any print & audio/visual materials you'll use in your instruction.							
Desirable Physician Attributes (If CME will be offered to psychiatrists)							
Indicate the desirable physician attribute(s) – competencies – this activity addresses. (Select all that apply) Patient Care & Skills Practice-Based Learning & Improvement Medical Knowledge Interpersonal & Communication Skills Professionalism Values/Ethics for Interprofessional Practice Other, specify:							
For definitions and more examples of desirable physician attributes, <u>click here</u>							
Administrative Support: Please tell us how we can help.							
Budgetary Needs							
Describe the budgetary support (e.	g., honoraria, lodging, travel) you v	vill need to support the pr	oposed activity.				
Technology & Facilities Needs							
Describe what audio-visual, techno	ology, and space you need for the p	proposed activity.					
Please check the box if you will	want the activity recorded						
Staff Support Describe how the WSP staff can as	ssist you before, during, and after t	he activity.					



Attachments: Check the boxes below to indicate that attachments are included with the proposal.	
Proposed Agenda, Educational Objectives, & Reference List (use the templates provided)	
Presenter Forms (submit all required forms for members as outlined in the form)	
Planning Committee Information Form (submit all required forms for members as outlined in the	
form) Co-Sponsor Form (optional; available upon request)	
Planning Meeting Minutes or Documents (please include drafts such as syllabi or detailed	
schedules)	

Note: As a CEU provider we must document our planning process to comply with our accreditation. Therefore, all proposed continuing education activities must have a documented planning process. We require that you submit monthly attendance records, meeting minutes, and/or planning documents and that you provide minutes or memoranda to file regarding the origin of this program and the process to develop the idea.