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Nursing Education **VIDEOCAST / PODCAST REQUEST Form** **MUST** be completed two weeks prior to Videocast / Podcast Live Date  
Follow Videocast / Podcast Flow Chart

<b>DATE:</b> _____	<b>REQUESTING CEU</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes fill out length hours	Length Hrs. (must be 50 minute minimum) _____ <b>Only fill out this portion if requesting CEU's</b>	<b>TARGET AUDIENCE:</b>
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**TITLE (Attach Flyer):** \_\_\_\_\_

**OBJECTIVES:** The learning experience is meant to enhance the knowledge of the Registered Nurse in the practice of nursing in direct and indirect patient care. The class/course is designed for the acquisition of knowledge, skills, and information relating to the profession of nursing.

**At the completion of this activity or class, the learner will be able to:**

  
  
  
  
  
  
  
  
  
  

**PORTION OF JOB DESCRIPTION TO WHICH THIS TOPIC RELATES:**

Direct Patient Care Skills  Leadership  Communication  Professional Issues  Other: \_\_\_\_\_

**REASON TOPIC CHOSEN:**

1. <input type="checkbox"/> Pt. Population Issue	5. <input type="checkbox"/> Quality Issue
2. <input type="checkbox"/> Type/Nature of Care Provided by Dept./Hosp	6. <input type="checkbox"/> Advance in Health Care Mgmt/Technology
3. <input type="checkbox"/> Individual Staff Need	7. <input type="checkbox"/> Safety/Equipment Review
4. <input type="checkbox"/> New Information/skills	8. <input type="checkbox"/> Infection Control
	9. <input type="checkbox"/> Other: _____

**REQUESTED BY:**  MGR  Staff  Other Dept./Committee: \_\_\_\_\_

**METHOD(S) OF INSTRUCTION**

Podcast  Videocast \_\_\_\_\_

**SUMMARY OF CONTENT:** How is the content relevant to the development and maintenance of current competency?

  
  
  

**INSTRUCTOR(S) NAME:** \_\_\_\_\_

Qualifications of the instructor(s) to teach this class/course (Attach Instructor Resume): \_\_\_\_\_

**PLAN FOR EVALUATION of the EFFECTIVENESS OF CLASS:**

How will this information/experience improve the patient experience? \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Contact info: Email:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Approved: Date:** \_\_\_\_\_ **CEU's** \_\_\_\_\_ **Director Nursing Education:** \_\_\_\_\_