

Accredited Continuing Education Quick Planning Tool

Today's Date _____ LSU Department _____

Activity Medical Director Planner Name and Email: _____

Additional Planning Committee Members:

Name(s): _____ Email(s): _____

Tell me about your activity:

When will the activity take place? (Date & Time) _____

Where is the anticipated location? _____

CME/CE credit is awarded based on the time spent in the activity. Please indicate the anticipated duration of the activity:

Education duration: _____ hour(s) and _____ minutes

Title and brief description of the activity:

Is this a series or a one time activity?

☐ One-time

☐ Other

☐ Series

☐ Zoom

Does this activity address clinical issues, non-clinical issues, or both?

What practice based-problem (gap) will this education address?

What is/are the reason(s) for the gap? How are your learners involved?

What change(s) in strategy, performance, or patient care will this activity accomplish?

How will you measure and collect the changes learners intend to make to their strategies, performance, or patient care that will result from this activity?

Please list prospective faculty for the activity and attach an agenda
