

Name: PRESENTATION ABSTRACT & REFERENCES

Title of Event:

Title of Presentation:

Date of Presentation:

ABSTRACT. (3-5 SENTENCES EXPLAINING YOUR PRESENTATION)

CITATIONS/ REFERENCES (MINIMUM OF 3 SCHOLARLY REFERENCES: APA FORMAT)

Click here to enter text.

PRESENTER A-2: PRESENTATION OUTLINE

Title of Event:
Title of Presentation: Click here to enter text.
Duration of Presentation: (All sessions must be at least 60 minutes; thereafter, credit is awarded in increments of 30 minutes)

Evaluation Tool: (Select the evaluation method to be used to evaluate this activity.)

<input type="checkbox"/> Post Test	<input type="checkbox"/> Structured Interview	<input type="checkbox"/> Attitude Scale	<input type="checkbox"/> Direct Observation of Skill Performance	<input type="checkbox"/> Other, please list Click here to enter text.
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Evaluation Category: (Select the most appropriate evaluation category for this activity.)

<input type="checkbox"/> Learner Satisfaction	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Skill and Attitude Change	<input type="checkbox"/> Change in Practice	<input type="checkbox"/> Other, please specify Click here to enter text.
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Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: Discuss, Explain, Define, List, Demonstrate, etc.	Presenter(s): List for each objective.	Time Frame: List for each objective.	Teaching Strategies/Resources: List for each objective and list audio visuals needed.
Objective 1:			
Objective 1: Click here to enter text.			
Objective 2:Click here to enter text.			
Objective 2:Click here to enter text.			
Objective 3:Click here to enter text.			
Objective 3:Click here to enter text.			