



Course Information Form • Coprovider Agreement Form

Course Title:				Course Date(s):	
Registration Fee:		# Contact hrs:		# Clock hrs:	
Location:					
Assessment of Need:					
Target Population:					
Coproviders:	<i>List organizations involved and attach a CoProvider Policy/ Delegation & Responsibilities Agreement for each:</i>				
Description of Course:	<i>Briefly describe goals of course and attach detailed program schedule:</i>				
Learning Objectives:	<i>Upon completion of this course, participants will be able to...</i>				
Teaching Methods:	<i>Check all that apply:</i> <input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Workshop <input type="checkbox"/> Practicum <input type="checkbox"/> Audiorecordings <input type="checkbox"/> Videorecordings <input type="checkbox"/> Manual <input type="checkbox"/> Readings/Monograph <input type="checkbox"/> Computer <input type="checkbox"/> Other				
Course Faculty:	<i>List names below and attach a Biographical Data Form for each speaker:</i>				
Planning Committee:	<i>List names below and attach a Biographical Data Form for each committee member:</i>				
Signatures:	Chair, Sponsoring UW Dept:			Date:	
	Assoc. Dean for Educational Outreach:			Date:	
	Planning Committee Chair:			Date:	
	Director of Continuing Nursing Education			Date:	
CNE Statement:	<i>Use this statement on announcements for this CE offering:</i> contact hours will be awarded by the University of Washington School of Nursing which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation and approved as a Washington state clock hour provider by the Washington State Board of Education. Provider is also approved by the California Board of Registered Nursing, Provider #07218, for _____ contact hours.				

