

**Greater Detroit Area Partnership for Training
Urban Health Lifelong Learning Lab
Content Submission Form**

Title/Name/Degree(s): _____
Institution: _____
Address: _____
Email Address: _____
Phone #: _____ **Fax#:** _____
Date: _____

Please indicate your subject area (topic) and the intended audience – either Professional or Patient by checking the appropriate box.

Topic – Please relate one of more of these topics to Urban Health	Professional (for NP, PA, RN, or CNM)	Patient (4-6th grade reading level)	Patient (6-8th grade reading level)
Women's Issues (Breast Cancer, OB/GYN etc.)			
Primary Care			
Neonatal			
Pediatric Primary Care			
Diabetes			
Gerontology/Geriatric Issues			
Cardiology			
Oncology			
Nutrition			
Depression			
Pharmacology Updates			
Other:			

Specific subject area:

Purpose/Goal(s) – State the purpose of this educational activity. For example:
The purpose/goal of this educational offering is to update nurses on the latest information regarding pain management.

Objectives, Content and Activity

The submissions for professional content must include a set of objectives and meet the following accreditation requirements. Please check that:

1. The content is related to and consistent with the activity objectives.
2. Each objective has corresponding content.
3. The description of the learning activity plan/process includes an explanation of all teaching/learning materials required to complete the activity.
4. A description of the plan/process for obtaining and interacting with the resources is listed.

Please use the following format to list your objectives, content and resources.

Objectives	Content (Topic) Outline	Resources	Evaluation/Questions
List the educational objectives in learner oriented outcomes; measurable terms; one action/outcome per objective. Use action verbs to describe the objective, such as: describe, define, etc.	Provide an outline of the content/topic and indicate to which objective the content/topic is related. Each objective must have a directly related content outline that is more than a restatement of the objective. List the content in outline form or attach the content in a word file or power point presentation.	Check the teaching/learning resources used for each topic or content area, such as: Video, Text, Audio, Power-point presentation Self-study module	Each objective should have at least three questions that address the relationship of the objective(s) to the overall purpose/goals. The Partnership For Training staff will develop questions related to the design of the web site.
Objective #1			
Objective #2			
Objective #3			
Objective #4			
Objective # 5			

Biographical Data: Include in the submission biographical data for each presenter and planner. Indicate their participation in planning, submitting content, developing objectives, or other participation in this educational work.

Biographical Data Form*

☐ Person Administratively Responsible ☐ Planner ☐ Presenter

Name _____

Preferred Address _____

Preferred Phone Number (____) _____

<u>Degree</u>	<u>Institution</u>	<u>Major Area of Study</u>	<u>Year Degree Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present position (employer, title and description):

Experience and qualifications related to topic being planned/ presented:

Please indicate the type of content you are providing by checking the appropriate box:

Type of Content	Complete	Work in Progress	Minimum content length	Length of your content
Text			2 – 8 1/2 x 11 typed pages	
Video			15 minutes	
Audio			15 minutes	
Multimedia (PowerPoint, Flash, etc.)			15 minutes	
Other:			15 minutes	

Thank you for indicating your intent to provide this content for us in the Greater Detroit Area Partnership For Training Lifelong Learning Lab. Please submit this information to your organization's representative on the GDAPFT Board (see list below) or to: Kerry Daniel – e-mail: danielke@udmercy.edu or fax to: (313) 993-6387

Partnership For Training Representatives:

City of Detroit Health Department	Alberta Smith-Plump, BSN, MPA	(313) 876-0372
Detroit Medical Center	Iris Taylor, PhD, RN	(313) 578-2537
	Jeri Jackson	(313) 745-1848
Henry Ford Health System	Mary Kravutske, PhD, RN	(313) 874-6740
	Pat Thornberg	(313) 874-6784
Oakland University	Kathleen Emrich, RN, EdD	(248) 370-4481
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St. John Health System	Nancy Degroote, MSN, RN	(313) 343-4533
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University of Detroit Mercy	Suzanne Mellon, RN, PhD	(313) 993-6132
University of Michigan	Ada Sue Hinshaw, PhD, RN, FAAN	(734) 764-7185
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	Elaine Rigsby (Dean's Secretary)	(313) 577-4071