**RID Continuing Education Activity Plan**

Submit completed form and supporting documentation to cmp@massrid.org at least 45 days prior to the activity start date.

**Presenter Section**

|  |  |  |
| --- | --- | --- |
| **Presenter’s Information:** | | |
|  | **Name** | **Email** | | **Phone/Text** |
| Presenter 1 |  |  | |  |
| Presenter 2 |  |  | |  |

|  |  |
| --- | --- |
| **Activity Title**: |  |
| **Target Audience**: |  |

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| **Presenter Biography:** This bio will be posted on the activity’s promotional materials. You can also submit a more in-depth document for evidence in the presenter’s expertise and experience related to the topic. |
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| **Activity Description**: This description will be posted on the activity’s promotional materials. |
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| **Educational Objectives**: These objectives will be posted on the activity’s promotional materials. |
| **Directions**: List specific, observable and measurable actions that the participants can do that will demonstrate comprehension and integration of the information presented. The objectives should be detailed, action-related items based on the materials presented. Use terms from Bloom’s Taxonomy of action verbs. Some examples of these terms are list, describe, explain, analyze, etc. Do not use terms such as understand, know, and learn as they are not observable. |
| **Complete the following statement:**  At the conclusion of the activity, participants should be able to |

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| **Prior Content Knowledge**: Complete the statement below with one of the choices. |
| Prior to attending this activity, participants should have knowledge of the specific content being taught, not level of interpreting expreience. *Select one option only.* The level you select is related to the level of learning verbs used in the objectives.  Little/none Extensive Cannot be specified (a variety of levels may be present)  Some Teaching (participants will teach the topic) |

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| --- | --- | --- | --- |
| |  | | --- | | **Evaluation & Assessment**: Describe how the presenter(s) will evaluate participants’ learning and the presentation’s effectiveness, both during the event and afterwards. Although post-event evaluations will be used, they should not be the sole method of assessing transfer of knowledge. | |  |   **Materials**: List the print, audio, and visual materials and equipment to be used and who is responsible for providing each item. | |
| Presenter will Provide | * Presentation |
| Host will Provide | * Zoom session, moderator |

**GS CEUS for 1st Time Presenting this Activity:**

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| --- | --- | --- | --- |
| If this is the 1st time you will be presenting this workshop, you can earn GS CEUS. If you would like the GS CEUS, complete the information below. | | | |
| Name as it appears in RID |  | RID number |  |

**Event Contact Person Section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Contact Person’s Information** | | Email: |  |
| Name: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Date** | **Start Time** | **End Time** | **Total # of hours** excluding lunch andbreaks |
|  |  |  |  |
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|  |  |  |  |

**Location**

|  |  |
| --- | --- |
| In-person: must list City, State where event is held: |  |
| Virtual: must list City, State of event contact person: |  |

**CMP Coordinator Section**

|  |  |  |
| --- | --- | --- |
| **Content Area** (select one) | **Specialty Content Area** (select all that apply) | **Participating Program** (select one) |
| General Studies (GS)  Professional Studies (PS) | Legal  Power Privilege and Oppression (PPO) | ACET  CMP  CMP & ACET |

|  |  |
| --- | --- |
| T**otal number of CEUs to be awarded to each participant:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Approved Sponsor**: | |  | | |
| **Activity Number:** |  | |  |  |
| Sponsor Code | | MM/YY | Ascending within month |
| **Workshop ID** |  | | | |

As the RID approved sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

**Signature of RID Sponsor Administrator**: **Date**: