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REGULARLY SCHEDULED SERIES (RSS) QUESTIONNAIRE

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| **SUBMISSION DATE:** |  |  |

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| Name of Activity: |  |

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| --- | --- | --- | --- |
| Start Date: | January, 2023 | End Date: | December, 2023 |

**EVALUATION/OUTCOMES ASSESSMENT**

*Supporting documentation must be provided at conclusion of activity. At a minimum, the activity must be designed to measure Competence, Knowledge and/or Performance. Indicate the outcomes measured in connection with this activity, as well as whether they are Subjective (self-reported) or Objective (observed or tested).*

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|  | **Measurement Type: Subjective** | **Measurement Type: Objective** |
| Learner Competence\* |  |  |
| Learner Performance |  |  |
| Learner Knowledge\* |  |  |

\*These are required

**EDUCATIONAL OUTCOME(S)**

*Please include a statement that reflects what healthcare professionals will be able to do as a result of participating in the educational activity. The outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap and achieving the learning outcome results in narrowing or closing that gap.*

*The learning outcome can assess the overall impact of multiple objectives*

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**ACTIVITY REVIEW**

*Please review your latest application and select one:*

Upon review of my most current RSS application, no changes need to be made

Upon review of my most current RSS application, changes were made *(attach updated application)*

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **REQUIRED** | | | | | | | **Fund Number and/or Cost Center Number:** |  | | | | | | **Accreditation Fee(s):** | Athletic Trainers (CEU) | | | $450.00 | **$** | |  | Dentists (CERP) | | | $450.00 | **$** | |  | Dietitians (CPEU) | | | $450.00 | **$** | |  | Nurses (CNE) | | | $450.00 | **$** | |  | Optometrists (COPE) | | | $450.00 | **$** | |  | Pharmacists (CPE) | | | $450.00 | **$** | |  | Physicians (CME) | | | $1,900.00 | **$** | |  | Physician Assistants (AAPA) | | | $450.00 | **$** | |  | Psychologists (APA) | | | $450.00 | **$** | |  | Psychologists (NYSED APA) | | | $450.00 | **$** | |  |  | | |  |  | | **TOTAL** | | | | | **$** | | **APPROVED BY** | | | | | | |  | |  |  | |  | | Course Director | |  | Date | |  | |  | |  |  | |  | | Department Chair or Designee | |  | Date | |  | |  | |  |  | |  | | Department Administrator | |  | Date | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Content has been reviewed by respective disciplines | | | | | | | **APPROVED** | **DECLINED** | | **PROVISIONAL APPROVAL** | | | | **Provisions:** | | | | | | |  | | | | | | |  | | | | | | | **SIGNATURES** | | | | | | |  | |  | |  |  | | **Victor B. Hatcher, PhD** Director, Research and Continuing Professional Development | |  | | Date |  | |  | |  | |  |  | | **Kathleen O’Connor, BSN, RN**  Associate Director - Research Audit, Office of Research | |  | | Date |  | |  | |  | |  |  | | **Mark J. Sinnett, PharmD, FASHP**  Director, Clinical and Educational Pharmacy Services | |  | | Date |  | |