



# MLK Community Healthcare

## EDUCATION DEPARTMENT

### Learning Event Request Form

**Requestor:** \_\_\_\_\_ **Depart.** \_\_\_\_\_ **Educator Sponsor:** \_\_\_\_\_

**Needs Assessment:** How was it determined this education was needed?

<input type="checkbox"/> Organizational Goal	<input type="checkbox"/> Hospital Needs Assessment	<input type="checkbox"/> Safety Incident
<input type="checkbox"/> Quality Performance	<input type="checkbox"/> New Equipment	<input type="checkbox"/> Regulatory / Below Target
<input type="checkbox"/> Accreditation Need	<input type="checkbox"/> New MLKCH Clinical program	<input type="checkbox"/> HealthStream
		<input type="checkbox"/> Other _____

**Learning Event Title:** \_\_\_\_\_ **Length of Presentation:** \_\_\_\_\_ Hour(s)

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ **Instructor Name/Title:** \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ **Location:** \_\_\_\_\_

**Target Audience:** [Job Role or Department] \_\_\_\_\_

**Teaching Modality:**

**HealthStream PowerPoint Approvals:**

- Poster
- Demo/ Return Demo
- J-I-T Job Aid
- Lecture
- Case Study
- Team Game

- Hyperlink
- Journal Club
- Simulation
- HealthStream
- Article + Test

Developed by: _____	Date: _____
Author	
Content Reviewer: _____	Date: _____
Educator	
2 <sup>nd</sup> Reviewer: _____	Date: _____
Content Reviewer	
Returned for Edits: _____	Date: _____
Author	
Final Approval: _____	Date: _____
Director of Education	
Upload - HealthStream Coordinator: _____	Date: _____

**Course Description:**

**Proposed Start Date:** \_\_\_\_\_

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**Course Objective:**

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**Evaluation: Goals met as evidence by (Check all that apply)**

- Verbal     
  Written Test     
  Return Demo     
  Checklist (attached)

Summary: #Successful \_\_\_\_\_ #Unsuccessful \_\_\_\_\_ Mgr. Notified: \_\_\_\_\_

Name / Date