



Please provide the following information about the proposed Act 48 activity.
You MUST complete all the information for your proposed activity to be considered for Act 48 Hours.

Act 48 Activity Description

Presenters/Leader(s):

Program Title:

Start Date:

End Date:

Time:

Place:

Description:

Competencies: *The participants will:*

Relation to Needs Assessment and Educational Plan:

Evaluation Method:

Act 48 Credit: (hours of credit)

Audience:

Number of Attendees: (limited to...)

Cost:

Registration Deadline:

Approved by _____
Education Committee Representative

Date: _____