

Description/Summary:

Schedule/Agenda:

Learning Objectives for Course/Activity (please specify the amount of time spent on each objective):

Speaker/Presenter Bio(s):

Method of Student Evaluation (if applicable):

Individuals that successfully complete this course/activity are provided with (select one):

- A certificate of completion, participation, attendance, etc. (specify type): _____
- No particular documentation of completion
- Other (please specify): _____