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**ACTIVITY DEVELOPMENT FORM**



* **Have you reviewed the list of past and current activities to make sure your idea is not a duplicate?**
* **Have you read the EDUCATIONAL ACTIVITY DEVELOPMENT GUIDE document?**
* **Visit** [www.myAST.org/education](http://www.myAST.org/education) **to view these resources.**

**Primary Activity Contact**

Contact Name: Click to enter first and last name

Contact Institution: Click to enter institution

Contact Email: Click to enter email

Contact Phone: Click to enter phone

Submitting on behalf of (e.g. an AST committee, an AST COP, other): Click to enter details

Date of Request: Click here to enter a date.

**Activity Information**

As you know, a lot of time and effort goes into creating educational activities. This section drills down to the heart of why you are proposing the activity, to ensure we aren’t duplicating efforts, creating education that doesn’t address an identified gap, or missing opportunities for collaboration.

1. Title of proposed activity: Click here to enter text.
2. One to two sentences briefly describing the activity (ATTACHMENT REQUIRED: provide a detailed program or description):

Click here to enter text.

1. Every AST educational activity should address a gap between what we *currently* know or practice and what we *should* know or practice. Provide documentation/examples that this activity will fill such a gap, e.g. peer reviewed journal article/literature review, national health care or QI data, performance measures, surveys of target learner group, feedback from opinion leaders, literature reviews, or patient chart reviews (ATTACHMENT RECOMMENDED: supporting documentation is permitted):

Click here to enter text.

1. Are there other activities out there on this topic, either created by AST or another society or institution? If so, what makes your activity stand out or meet a need not already met by another activity?   
   Click here to enter text.
2. List at least three learner objectives that can be measured at the end to see if the objectives were met. Remember to use specific, actionable objectives like the examples in the Educational Activity Development Guide.

1. After participating in this activity, the learner will be able to Click here to enter text.

2. After participating in this activity, the learner will be able to Click here to enter text.

3. After participating in this activity, the learner will be able to Click here to enter text.

1. Describe the intended target audience (e.g. which members of the transplant team, which specialties, which experience levels):

Click here to enter text.

1. List any tools or resources that will complement your activity (e.g. checklist, reference guide, links to additional resources, self-evaluation, etc.):

Click here to enter text.

1. List any and all collaborators and whether they are confirmed, invited, or possible (e.g. an AST COP or committee, another society, etc):

Click here to enter text.

**Format and Delivery**

1. Type of activity: The Education Committee will help you determine the best way to disseminate your educational content. If you have an idea of how you would like to deliver the activity, you can check one or more boxes or use the open space below. *Note: manuscripts, white papers, surveys, & endorsements of existing activities do not use this form! See* [*myAST.org/manuscripts*](http://myast.org/manuscripts) *for instructions.*

Specific Format Ideas (skip this section if you don’t have specific ideas yet)

Live webinar

Pre-recorded/on demand webinar

Narrated PowerPoint video

Video (person on camera)

Audio file

Podcast (recurring series)

Virtual consensus conference

Live meeting/symposium\*

Live consensus conference\*

*\*Live meetings and live consensus conferences involve a great deal more planning and financial support than other activity formats. For live meeting and live consensus conference proposals, AST staff will contact you before the proposal is submitted to the Education Committee. In addition to this form, you will need to provide additional details like suggested length of the meeting, format of sessions, number of proposed faculty members, and expected attendance.*

General Format Ideas (skip this section if you’ve already checked off specific ideas above)

Face-to-face activity

Online activity at a scheduled date/time

Online activity available on demand

Print activity

1. Describe why you chose the specific or general format you chose, or list another idea here not mentioned above:  
   Click here to enter text.

**Evaluation of the Activity**

Every activity must be evaluated to some degree to see if the objectives were met. AST can provide sample formats and suggested questions, but you are responsible for creating questions regarding the content of the activity.

*By checking this box, you agree to participate in the development of evaluation questions.*

**Continuing Education Credit**

Be advised that offering continuing education credit for educational activities is often a work-intensive and costly process and therefore cannot be offered for many AST educational activities.

Is continuing education credit being requested for this activity?

Yes  No

What type(s) of credit is/are being requested?

AMA PRA (physician)

ACPE (pharmacist, pharmacy technician)

AANP, CBRN, AANC (nurse)

ABTC (coordinator/CEPTC credit)

MOC with ABIM

MOC with ABS

Other: Click here to enter text.

Why is continuing education credit being requested?

Click here to enter text.

**Implementation and AST Staff Support**

Provide a draft timeline for planning and implementation. Include specific dates and major benchmarks where possible:

Click here to enter text.

What level of AST staff support do you require? Describe specific needs like “need help scheduling conference calls,” “no help needed,” or “need help inviting faculty.” You do not have to estimate hours.

Click here to enter text.

**Potential Support**

If appropriate for your activity, do you feel it is possible to get outside financial support for this activity?

Yes  No  N/A

List any potential supporters *and* *whether they have already been contacted*: Click here to enter text.

**Attachments**

Needs assessment

Detailed program or description of activity including possible speakers/authors

Preliminary budget (only if costs are known – AST staff will help to fully develop the budget if any)

**FOR INTERNAL USE**

To which AST strategic goal(s) does this activity relate? Refer to <http://www.myast.org/about/strategic-plan>.

Click here to enter text.

Estimated staff time required to support the project (List staff position and estimated time for each)

|  |  |
| --- | --- |
| Staff Position | Estimated Hours to Support Activity |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Budget**

Anticipated total expenses (if any): Click here to enter text.

Anticipated total revenue (if any): Click here to enter text.

No budget impact (no expenses, no revenue)