**Title of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENPDC Activity ID#: 2020-\_\_\_\_\_ -ENPDC Contact Hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person/Nurse Planner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total # of RNs \_\_\_\_\_\_\_\_\_\_\_\_ Total # of MD’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # Clinical Support Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total # of Pharmacists\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Name (please print)** | **Discipline (pick one):**  **RN, MD,**  **Pharmacist, Clinical Support Staff, Other** | **Signature** |
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