



CNS-CP Certification by Professional Portfolio

STAFF/PATIENT EDUCATION FORM

The staff education portion of this form must be completed. The patient education portion is optional.

Applicant Name

Project Title

Date

STAFF EDUCATION (REQUIRED)

TITLE OF PRESENTATION

PURPOSE OF PRESENTATION

(What you would like audience to know/do at the end of your presentation?)

OBJECTIVES

(Please write using measurable verbs (e.g., “Describe the two most common methods for sterilization utilized in ambulatory surgery centers.” Avoid compound sentences [“and,” “or”]).

1.

2.

3.

OUTLINE OF PRESENTATION

Objective	Time Allotted	Method Of Instruction
1.		
2.		
3.		

EVALUATION

(Attach sample or give example)

WHAT WERE THE IMPLICATIONS OF THIS EDUCATION ON PROJECT GOALS AND/OR OUTCOMES?

PATIENT EDUCATION (OPTIONAL)

Purpose of educational plan

Desired outcome(s)

Information shared

Health literacy challenges addressed

Method(s) of instruction used

Evidence of comprehension/retention/knowledge transfer

Additional resources needed

Evaluation of education plan/outcomes data (attach collection tool if applicable)

Provide one example of patient/caregiver empowerment

Signature of Applicant

Date