

Workshop Submission Example

Facilitator First Name: Joe

Facilitator Last Name: Smith

Facilitator Title: Joe Smith, MD, MPH, Associate Professor of Medicine, Northwestern University OR Joe Smith, MS, Program Manager, Northwestern University

Facilitator Email: joesmith@example.edu

Institution/Organization Name: Northwestern University

Additional Facilitators' Names and Titles: please follow this sample: Joe Smith, MD, MPH, Associate Professor of Medicine, Northwestern University OR Joe Smith, MS, Program Manager, Northwestern University

Workshop Title: Sample Title

Workshop Summary: (750 word limit)

Workshop Outline: Session will be 55 minutes. Please list how you will use the 55 minutes below.

Example:

8:00-8:10: Introduction and agenda overview

8:10-8:30: Small group discussion

8:30-8:50: Large group discussion

8:50-8:55: Closing comments.

Learning Objectives (2-5): Note that learning objectives must be described and be from the learner's perspective. Please refer to [Bloom's Taxonomy](#) for examples of measurable action words to use in this section.

Intended Learnings: choose all that apply either UME, CME, GME

Pre-record: You have the option to submit a pre-recorded the introduction video that we will post online. Please let us know if you plan on doing this.