**Continuing Nursing Education • University of Washington School of Nursing**

**BIOGRAPHICAL DATA FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title:** |  | **Activity Date:** |  |
| **Type of Offering:** | Conference/Course (live)  Online Course (enduring)  Other | **Location:** |  |
|  |  | **Today’s Date:** |  |

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| **Your Name** | | | | | | | | | | | | | | | | | | | |
| **First:** | | | |  | | **Last:** |  | | | | **Degree(s):** | | | |  | | | | |
| **Participation:** | | | | Speaker Planning Committee Member Author of Course Content  Reviewer of Course Content Other: | | | | | | | | | | | | | | | |
| **Work Phone:** | | | | -     - | | | | | | **Cell Phone:** | | | -     - | | | | | | |
| **Email:** | | | |  | | | | | | **Fax:** | | | -     - | | | | | | |
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| **Addresses (Work and Home)** | | | | | | | | | | | | | | | | | | | |
| **Agency Name:** | | |  | | | | | | | | | | | | | | | | |
| **Agency Address:**  (Include UW Box #,  if applicable) | | |  | | | | | | | | | | | | | | | | |
| **Home Address:** | | |  | | | | | | | | | | | | | | | | |
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| **Education** *(Include basic preparation through highest degree held.)* | | | | | | | | | | | | | | | | | | | |
| **Degree** | | **Major Area of Study** | | | **Year Degree**  **Awarded** | | | **Institution (Name, City & State)** | | | | | | | | | | | |
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| **Present Position(s)** *(Include positions relevant to your involvement with this activity.)* | | | | | | | | | | | | | | | | | | | |
| **Title** | | | | | | | | | **Agency** | | | | | | | | | | |
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| **Biographical Sketch** | | | | | | | | | | | | | | | | | | | |
| *Briefly describe your professional experience and expertise (including publications) which contribute to your particular involvement with this educational activity.* | | | | | | | | | | | | | | | | | | | |
| Bio Sketch below  Bio Sketch attached | | | | | | | | | | | | | | | | | | | |
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| **Content of Presentation** | | | | | | | | | | | | | | | | | | | |
| Title of Presentation | | | | | | | | | | | | Length of Presentation | | | | | | | |
|  | | | | | | | | | | | | Hours: | |  | | Minutes: | |  |
| How many minutes of your presentation will address pharmacology? *(See attached guidelines.)* | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Objectives for Learning Outcomes** *(Necessary for accreditation.)*  After completing this session, participants will be better able to:… *(Use verbs that are measurable.)* | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | | | | |

**Return form to:** Brady Rainey @ blrainey@uw.edu.

**GUIDELINES FOR PHARMACOLOGY HOURS\***

To be designated as fulfilling pharmacology requirements for ARNP prescriptive authority, a presentation should include the following content.

1. Course content may include but not be limited to:

a. evaluating between drug and non-drug therapy or the appropriate combination of modalities.

b. determining the most appropriate and specific agent based upon assessment of the individual's current needs and underlying health problem.

c. monitoring for therapeutic and adverse effects of drug therapy.

d. preventing and minimizing adverse drug effects and, when necessary, appropriately treating these reactions.

e. providing information to patients in order to help the patient better comply with the therapeutic regime.

f. understanding and complying with state and federal regulations.

g. recognizing when consultation and referral are necessary.

2. Examples of topics of acceptable pharmacology courses include but are not limited to:

a. General principles of pharmacology.

b. Indications for use/contraindications.

c. Interactions, side effects, adverse effects.

d. Dosing.

e. Routes of administration.

f. Individualization of drug therapy based on age, health status and other factors.

g. Risk vs. benefit factors.

h. Compliance.

3. Thirty (30) minutes of pharmacology content is required to receive the minimum of 0.5 credit hours.

\*Source: Guidelines for Acceptable Courses for ARNP PRESCRIPTIVE AUTHORIZATION Approved by the Washington State Board of Nursing, DOH669-173 (10/90), State of Washington Department of Health, P.O. Box 1099, Olympia, WA 98507-1099, (360) 664-4211.