**Nursing Continuing Professional Development Contact Hour Program**

Post-Event Summary

**Title:** Title

**Program as Expected (Yes/No):** Yes

**Suggested Improvements:** N/A

**Date(s):**  Click or tap here to enter text.

**Location:** TBD

**Total RNs who completed course:** 0

**Total Number of Other Learners:** 0

**Total participants:** 0

**Total RNs Completing CNE Requirements:** 0

**Total Contact Hours Awarded to RNs**: 0 per RN / 0 Total Nursing Contact Hours

**Summary:**

Discuss learner outcome(s) and if any changes are needed for future programs.

Click or tap here to enter text.