**Request a new Item ID for a course**

1.Contact Email

Enter your answer

2.Contact Phone Number

Enter your answer

3.What is your deadline for this request?

Please input date (M/d/yyyy)

4.Which entities are affected?

[ ] Only LGH (Lancaster General Health)

[ ] Only PMPH (Princeton Health)

[ ] Only CCH (Chester County Hospital)

[ ] Only HUP (Hospital of the University of Pennsylvania)

[ ] Other Entities or All Entities

5.Which audience best fits this request?

[ ] Clinical

[ ] Non-Clinical

[ ] Indirect Clinical

[ ] All of the above or unknown

6.Please select the specific entities affected

[ ] CCA

[ ] CCH

[ ] CORP

[ ] CPUP

[ ] GSPP

[ ] HUP

[ ] LGH

[ ] PAH

[ ] PMAH

[ ] PMPH

[ ] PPMC

[ ]  Other 

7.Is this request for nurses?

[ ] Only Nurses

[ ] Only Non-Nurses

[ ] A Mix (Nurses and Non-Nurses)

8.Please enter the NPDS or CNES name (Nursing Education Contact)

Required for nursing requests

Enter your answer

9.Title of Training

Enter your answer

10.Item Description

*This description will be displayed in Knowledge Link.*

Enter your answer

11.Course Owner/Department

Enter your answer

12.Contact Email (to be displayed in Knowledge Link)

Enter your answer

13.Item Type

[ ] Online eLearning

[ ] Instructor-Led Class

[ ] Blended (both online and instructor-led elements)

[ ]  Other 

14.Maximum registration

*Number of seats per class*

The value must be a number

15.Allow Waitlisting?

[ ] Yes

[ ] No

16.Auto-fill from Waitlist?

*First in, first out*

[ ] Yes

[ ] No

17.Allow learners to enroll/waitlist in more than one class?

*Note: If you select Yes, learners who attend a class WILL NOT be removed from pending enrollments/waitlists automatically. Instructors must search for and remove users from pending enrollments/waitlists manually.*

[ ] Yes

[ ] No

18.Total Hours

*From start to end of training*

The value must be a number

19.Credit Hours

*If instructor-led, total hours minus breaks. Otherwise, same as total hours.*

The value must be a number

20.Does this course award CME, PSNA, or other educational credit?

[ ] Yes

[ ] No

21.Contact Hours (if you answered "yes" to above)

*Official CE credit. Only if approved by Nursing Education or other body capable of evaluating and approving CE courses.*

The value must be a number

22.Does this replace an existing item?

*If yes, please provide the existing Item ID and indicate when the existing item can be deactivated.*

Enter your answer

23.Does this item have an expiration date?

*If yes, please provide the date below. Otherwise, enter N/A. The item will be set up to be removed from catalogs on the date you provide here.*

Enter your answer

24.Does this item have prerequisites?

*If yes, please list Item IDs. Otherwise, enter N/A.*

Enter your answer

25.Additional Item Request Comments (Optional)

Enter your answer