**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