Learning Management System Request Form

Use this form to submit an LMS (MyLearning) request.

1. Save this form to your My Documents folder using SAVE AS and change the name of the file.
2. Complete the information requested on your saved version.
3. When completed, click here to open an [AskHR](https://ssmhcprod.service-now.com/sp?id=cf_sc_cat_item&sys_id=a748d9936f184200824d27beae3ee464) ticket and attach this completed form.
4. Once approved, or if previously approved, The Education Technology Services team will create the items requested and return the document to you with class IDs.

Required Information

Note\*: A Course is the general description of the topic.

Example: Course, Leadership Development Training

The Class is the physical details or, in other words, the offerings.

Example: Class, Leadership Development Training Class, will be held on Feb 9th from 2pm – 4pm in Room 303

Requestor Name: Enter Requestor Name

Requestor Phone Number Enter Phone Number

Audience (*persons that can see the classes in MyLearning*): Enter Description of Audience that can see/enroll into the learning. This could be a job code(s), region, etc.

Type of Training:  EPIC Clinical Non-Clinical Other *Description, if other selected*

**Required/Optional:**  Required  Optional

**Is there an existing offering for this request?**

**If a new Course, please enter justification for Learning Council review:** Enter justification for new course here.

**Course Title:** Enter Course Title

**Course ID, if an existing course:** Enter Course ID

**Course Description:** Enter Course Description

**Class Description (if different than Course Description):** Enter Class Description

**Class Delivery Type:** Instructor Led Virtual Saba Classroom Virtual Classroom (MS Teams, Skype)

Self-Guided Learning Web-Based Learning Document (Word, PDF) Video (MP4, WAV)

3rd Party Content Stand-Alone Exam (Not part of Web-based Content)

**Open for Registration:**  Yes No

**Waitlist:**  Yes No *If* ***yes****, how many can be on the waitlist?* Waitlist Number

**Does this class span over multiple days?**  Yes No  *(For example, in order to complete the class, learner needs to attend both session offerings that are on two separate days. If yes, for each class, label as session 1, session2, etc. in the Notes column of form.)*

Instructor Information

**If Instructor/Virtual Led Training:** Enter Instructor Name

If Saba Classroom: Enter Lead Instructor Name

Enter Moderator(s) Name

Accreditation

**Baby Friendly hours?** Enter # Baby Friendly Hours to credit

**Bariatric hours?** Enter # Bariatric Hours to credit

**Cancer hours?** Enter # Cancer Hours to credit

**CE hours?** Enter # CE Hours to credit

**Nursery hours?** Enter # Nursery Hours to credit

**OB hours?** Enter # OB Hours to credit

**STEMI hours?** Enter # STEMI Hours to credit

**Stroke Association hours?** Enter # Stroke Hours to credit

**Trauma hours?** Enter # Trauma Hours to credit

Miscellaneous Notes

*If previously approved by Learning Council, please enter date approved along with any other notes.*

Date, Time, Entity, Location/Room

In the following table, enter class date(s), start and end times, registration deadline date (if applicable), entity, location/room, and maximum capacity details. Please follow the formatting shown in the first row.

| Date of Class | Start Time | End  Time | Registration Deadline Date | Entity | Location/ Room | Max Capacity | Notes | Class ID |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MM/DD/YYYY | HH:MM (AM/PM) | HH:MM (AM/PM) | MM/DD/YYYY |  |  | #### |  |  |
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