

Nursing Continuing Education Approved Provider Unit

**GAP ANALYSIS WORKSHEET**

**Instructions:** *Type directly into blank cells of the tables. Save the completed form to your computer.*

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| --- | --- |
| **Educational Activity:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Desired State** | **Current State** | Identified Gap | Gap due to Knowledge, Skills or Practice | Purpose | Outcome Measure |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*(Add more rows as needed by placing cursor outside of last row and clicking ‘Enter’ key.)*