**Individual Activity Applicant
Activity Check List**

Please use this list to assist you in making a final check before submitting your application

[ ]  Each criterion has been addressed by providing the information requested.

[ ]  Supportive documents ***on the appropriate forms*** have been included.

[ ]  **ALL** parts of the application are typewritten, or computer printed. *(****Handwritten forms will not be accepted****)*

[ ]  **ALL** pages are numbered in **one** **consecutive sequence**. *(****Applications NOT paginated will not be accepted****)*

[ ]  Name of Applicant/Organization

[ ]  Nurse Planner: Name; Credentials; Email address; Telephone number; License # and State

[ ]  Title / Location / Type of Activity

[ ]  Agenda/Schedule if activity is longer than 3 hours *(if applicable – if not there is no need to include)*

[ ]  Documentation of completion and/or Certificate of completion

[ ]  Planning Committee identified: Nurse Planner(s) & Content Expert(s)

[ ]  Evidence of Relevant Financial Relationships *(if applicable)*

[ ]  Commercial Support agreement included *(if applicable – if not there is no need to include)*

[ ]  Disclosures to Participants Form *(optional form)*

[ ]  Activity Evaluation Summary Report Evaluation Summary Report – to be submitted to education@ctnurses.org two (2) weeks after activity completion

[ ]  A copy of this completed checklist*(optional)*