**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](mailto:membership@ctnurses.org) two (2) weeks after activity completion

A copy of this completed checklist*(optional)*