

# CATEGORY B: PROGRAM OR PROJECT ACTIVITIES VERIFICATION FORM

Name: [Click or tap here to enter text.](#)

**Check one activity number per form** (click appropriate box, right click, properties, checked):

- B1    B2    B3    B4    B5    B6    B7    B8    B9  
 B10    B11    B12    B13    B14    B15    B16

**B 1, 4, 6, 8, 9, 10, 12, 13, 14, 15 or 16 require this form AND the required documentation listed in the instructions.**

**For B 2, 3, 5, 7 or 11 complete only the following:**

1. Title:
2. Date activity completed:
3. Summarize purpose and/or assessment of need for program, project, or case as it relates to pain management. Include what the clinical challenge and how it was identified.
4. Provide an overview of the implementation of program / project as it relates to pain management.
5. Describe the program/project's evaluation process (implications for clinical practice) as it relates to pain management.
6. What were the results of the project?

TOTAL POINTS CLAIMED FOR CATEGORY B: [ap here to enter](#)  
(Transfer This Total to Point Log)