CATEGORY C: RESEARCH ACTIVITIES VERIFICATION FORM

Name:

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

☐ C1 ☐ C2 ☐ C3 ☐ C4 ☐ C5 ☐ C6

C 1, 2, 5 or 6 require this form AND the required documentation listed in the instructions.

C 3 or 4 require only following:

Date activity completed:

1. Describe the purpose of the study, as it relates to AP-PMN.

2. Summarize the results of the data that supported the project. Provide information regarding data analysis (e.g. which statistical tests were used)

3. Describe how the data/study improved (or will improve) practice or patient outcomes.

AP POINTS CLAIMED FOR CATEGORY C ACTIVITIES:

(Transfer This Total to Point Log)