



2026 Colorado Nurses Association Individual Activity Application

Name of Organization

Test

Website of your organization

Test

Address

Test, North Grant Street, Denver, CO, USA

Identify Organization Type:

Other

Nurse Planner

Test

Primary Point of Contact:

Test

A currently unrestricted licensed registered nurse (or international equivalent) with a baccalaureate degree (or international equivalent) or higher in nursing is actively involved in the planning, implementing, and evaluation process of this continuing ed

Yes

Is your organization one of the following?

Not one of the above- you must continue to section 3

3.1: Does your organization, or a part of your organization, produce, market, re-sell, or distribute healthcare products used by or on patients?

Yes

3.2: Does your organization advocate for an ineligible company?

Yes

3.3: Does your organization have a non-primary business function that includes producing, marketing, reselling, or distributing of healthcare products used by or on patients and/or advocating for, or on behalf of an ineligible company?

Yes

3.3a: Is the non-primary business function, which led to answer yes, conducted by a separate legal entity with separate management and staff from the entity applying for accreditation?

Yes

3.4: Does your organization have a parent company that produces, markets, re-sells, or distributes healthcare products used by or on patients?

Yes

3.5: Does your organization have a parent company that advocates for, or on behalf of, an ineligible company?

Yes

3.6: Does your organization have a sister company that produces, markets, re-sells, or distributes healthcare products used by or on patients?

Yes

3.7: Does your organization have a sister company that advocates for, or on behalf of, ineligible companies?

Yes

3.6&7a: Does your organization share management, employees, or governance structure with the sister company?

Yes

3.6&7a: Are any owners, employees, or agents of the sister company involved in the planning, development, or implementation of educational content?

Yes

3.6&7a: Does the sister company control or influence, in whole or in part, the operations of your organization?

Yes

Name of Applicant Organization

Test

Signature of the Nurse Planner



Signed

Date

3rd June 2026

5.1: Is this continuing education/nursing continuing professional development? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, resea

Yes

Activity Title

Test

5.2: Activity Type (Live vs, Enduring vs, Blended)

Live

Location of event

Test, North Grant Street, Denver, CO, USA

Start and End Date (expiration date) of Activity

27th May 2026 - 27th May 2026

5.3: Target Audience: The target audience must include the registered nurse but may also include other healthcare team members.

Other

5.4: Does this activity have concurrent sessions? If yes, please recognize that these additional sessions require a review by the Colorado Nurses Association and may impact the fees determination.

Yes

5.5: Agenda requirement based on the maximum number of contact hours to be offered and awarded to participants:

3 hours or less - no agenda required

Attach the certificate of completion or learner transcript (Attachment 2), including:



Screenshot 2026-05-27 at 11.23.01AM.png

5.6: Method used to calculate contact hours:

LIVE Time Based (60 min = 1 contact our)

Evidence to validate the professional practice gap:

Test

Description of the professional practice gap:

Test

Educational Design Table SMART GOAL:



Screenshot 2026-05-27 at 11.23.01AM.png

Is this activity being Jointly Provided?

Yes

Please list the Joint provider/s: Requirements to be included on documents if jointly provided:

Test

Standard 1: Description of evidence-based content:

Test

Standard 1: References that support evidence-based content References are not required to be in APA format. References should include adequate detail to ensure that the information referenced can be located.

Test

We attest that this activity meets the expectations of all three elements of Standard 2.

Yes

10.1: Is the activity non-clinical or clinical? Examples of Nonclinical content include communication skills or leadership training.

Clinical

Clinical Disclosure: Attach evidence of disclosure statements that are provided to learners, including



Screenshot 2026-05-27 at 11.23.01AM.png

png

Clinical Form: Attach the form, tool, or mechanism used to collect information regarding financial relationships for all individuals in a position to control content.



Screenshot 2026-05-27 at 11.23.01AM.png

Clinical Individuals:



Screenshot 2026-05-27 at 11.23.01AM.png

Does this activity receive commercial support?

No, this activity does not receive commercial support.

How many days from now is your activity planned for: (choose correct answer below)

More than 30 business days from today (no expedited charge needed)

How many contact hours is your activity?

Test

Fees

Up to 1.0 Contact Hours \$160

Select Payment Method

Zelle (No Processing Fees)