**EDUCATIONAL ACTIVITY SUMMARY**

To be returned within 30 days after the activity (**apply@psna.org**)

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE:** | | | |
| **NAME OF APPLICANT:** | | | |
| **TITLE OF ACTIVITY:** | | | |
| **APPLICATION NUMBER:** | | | |
| **DATES(s) and LOCATION of activity:** | **# of NCPD contact hours to 1 RN** | **# of RNs in attendance** | **# of other learners** |
| Example:  8/1/2020 \ Harrisburg, PA | 5.8 | 250 | 30 |
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|  | 0.0 | 0 | 0 |
| Did this activity receive any commercial support? Y/N \*\* | | | |
| \*\* IF YES, list by company/organization name and amount: | | | |
| Change as a result OR the key learning outcome from this activity: | | | |