# **APQIP Submission Checklist**

Before submitting your APQIP Application, ensure you have included all of the following (if applicable) in your submission email.

|  |  |  |
| --- | --- | --- |
| **Document** | **Included** | **N/A** |
| Submission Form |  |  |
| [ARECCI Tool](http://www.aihealthsolutions.ca/arecci/screening/235868/bdcb0c8f3e54c7f855c1c5533da6bea8) Output |  |  |
| Manager Approval |  |  |
| REB Approval from other institutions |  |  |
| Patient facing materials |  |  |
| Consent materials |  |  |