



**NORTH CAROLINA ASSOCIATION OF
PUBLIC HEALTH NURSE ADMINISTRATORS
WORKGROUP REPORT FORM**

Date: _____

Name of Workgroup or Region: _____

No. of Persons Appointed to Committee: _____

No. of Persons Present: _____

Agenda for Meeting

Recommendations or Concerns to Governing Board

Date of Next Scheduled Meeting: _____

Submit two (2) copies: 1-President 1-Secretary

Chairman or Regional Representative

[Type text]