

MEMORANDUM

Date: February 2025

To: Nursing Directors, Nurse Consultants and Members of NCAPHNA

From: Maegan Trull
Chair of Recognition, Communication & Technology

Subject: Submitting Resolutions to the NCAPHNA

**We are planning to present Resolutions during the annual
NCAPHNA Conference & Business Meeting in November 2025.**

Resolutions:

Resolutions may be made by an individual member or group of members. Suggestions for resolutions are Public Health Nurse Supervisors/Directors/Administrators/Consultants who are retiring, any group or organization deserving recognition, or for a person who passed away and provided dedicated service to public health/public health nursing. Resolutions can be submitted for an issue of public health/public health nursing concern.

The form to submit resolutions is included for your convenience.

Complete the "Resolution Information Form" for each resolution submitted.

All **resolutions** should be submitted by **September 15, 2025** via email: Maegan.Trull@unioncountync.gov
OR govboard@ncaphna.gov. If you have any questions, please contact Maegan Trull at 704.296.4878.

Note: Public Health Administrators, Supervisors, Consultants, Lead Nurses / Managers that retired in 2024 and did not have a resolution submitted are eligible to be recognized during the 2025 Conference!

Thank you for your participation in NCAPHNA.

Attachments:

Resolution Information Form

Resolution Information Form: Individual

Individual Nominee Information:

Name: _____

Personal E-mail: _____

Mailing Address: _____

Home or Cell Phone Number: _____

Reason for Recognition: Check Appropriate Resolution Category

- Retirement (Date – Month & Year): _____
County / Place of Employment upon retirement: _____

- Passed away & made significant contributions to Public Health: (Dates of Service) _____
County: _____

Degrees received and Schools Attended:

Dates	School	Degree

Nursing Work Experience:

Dates	Place of Employment	Position/Duties

Service on Boards / Committees:

Professional Organizations:

Awards and Accomplishments:

Current County and Health Director: _____

ATTACH EXTRA SHEETS AT NEEDED

E-mail completed form to: Maegan.Trull@unioncountync.gov OR govboard@ncaphna.gov.

Resolution Information Form: **Group or Organization**

Group Information:

Contact Name: _____

Contact E-mail: _____

Contact Mailing Address: _____

Contact Phone Number: _____

Reason for Recognition: Describe in detail the reason for recognition.

- o Name of Group or Organization: _____
- o Individual Names if indicated: _____

Name	Title / Role

Details of Contributions to Public Health (include general service or dates of specific service event, etc):

County Health Director Name: _____

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