



STUDY CLUB ANNUAL REPORT

December 20____

Name of Study Club: _____

Chair of Study Club: _____

Phone/Email of Chair: _____

Executive Committee: _____

Presentation 1: Date: _____

Length of Presentation: _____

Topic and Description: _____

Course Objectives: _____

Speaker Name and Qualifications: _____

Presentation 2: Date: _____

Length of Presentation: _____

Topic and Description: _____

Course Objectives: _____

Speaker Name and Qualifications: _____

(Continue on another sheet if more room is needed)

If you did not have any presentations/meetings, what were the reasons? _____

What goals or plans does your study club have for the upcoming year? _____

RETURN THIS FORM AND AN UPDATED MEMBERSHIP LIST TO CDHNS BY DECEMBER 31