



STUDY CLUB ANNUAL REPORT

December 20____

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

Name of Study Club: _____

Chair of Study Club: _____

Phone/Email of Chair: _____

Executive Committee: _____

NEW for 2020: Were your meetings held virtually this year Yes No

NEW for 2020: If yes, please provide information on the protocols and policies that were implemented to ensure that the Study Club Verification requirements under 7.2.2 (4) were met. _____

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: _____

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? _____

Please use the balance of this page, and additional pages, if needed.

OTHER PRESENTATIONS FOR THE YEAR YOU ARE REPORTING ON, IF APPLICABLE

Presentation 3 (if applicable): Date: _____

Length of Presentation: _____

Topic and Description: _____

Course Objectives: _____

Speaker Name and Qualifications: _____

Presentation 4 (if applicable): Date: _____

Length of Presentation: _____

Topic and Description: _____

Course Objectives: _____

Speaker Name and Qualifications: _____