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Date \_\_\_\_\_ Name \_\_\_\_\_

Report of (CI/Committee) \_\_\_\_\_

Agenda Item: Yes \_\_\_ No \_\_\_ If Yes, Anticipated Time Required \_\_\_\_\_

Information Only \_\_\_\_\_ Action \_\_\_\_\_

Summary of Action to Be Recommended (If Action Required):

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Does This Require A Change In Policy/Procedure? Yes \_\_\_ No \_\_\_

Activities Since Last Report:

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Additional Comments:

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Please include any justification/supportive materials that might help in board consideration. Thank You.