

**APPENDIX B**

**Continuing Education Committee Membership Form**

Regional Health Authority: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**CHAIR'S CONTACT INFORMATION:**

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Committee Member	Job Title	Employer	Contact Information Telephone/ email

**Nurses Recruitment and Retention Fund**  
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