

Council I Committee Participation Form

I. Team Member Information

Full Name: _____ Computing ID: _____

Date: _____

Job Title: _____ Facility: _____ Dept/Unit: _____

II. Council/Committee Information

Name of Council: _____

Type:

☐ NPGO Central Council/Committee: _____

☐ NPGO Local Unit Council/Committee: _____

☐ Interdisciplinary Central Council/Committee: _____

☐ Other (Please specify): _____

Meeting Frequency:

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other: _____

Dates of Participation (From – To): _____

III. Contributions and Actions

1. Describe your role and responsibilities as a member of this council/committee (e.g., Note-taking leading initiatives, presenting data, etc.)

2. List specific contributions you made (e.g., projects led, initiatives developed, process improvements proposed)

3. Were any of your actions implemented or adopted by the group or organization?

☐ Yes ☐ No

If so, which level:

☐ Central

☐ Local

And describe the outcomes or impact:

4. How did your participation support patient care, nursing practice, team member engagement or development, or interdisciplinary collaboration?

5. What new skills, knowledge, or competencies did you gain from your involvement?

6. Optional: Attach supporting documents (*e.g., meeting minutes, presentations, project plans*)

IV. Signature of Authenticity

Signature: _____ Date: _____