

**PEN
Council / Committee / Task Force Validation Form**

RN Name:		Unit:	
Council/Committee/Task Force:			
Date of Membership:			

Member contributions (chairperson to input from employee who will send via email):

Meetings held in past 12 months:		Meetings attended:		Percentage attended:	
Individual council specific requirements met as applicable					<input type="checkbox"/> Yes <input type="checkbox"/> No

Council/Committee/Task Force Chairperson Signature: _____

Date: _____

***Member must ask chairperson to complete one month in advance of portfolio submission**