Resolution Form

☐ Policy Resolution Policy # _____

☐ Position Statement Resolution Topic _____

☐ Business Resolution

✓ The CB&R Committee will be meeting following the January deadline. In the event that the committee requires clarification, please provide a contact name and phone number.

Contact Name _____ Phone # _____

Whereas_____

_____

_____

_____

Whereas_____

_____

_____

_____

Be it Resolved That_____

_____

_____

_____

MUST HAVE TWO SIGNATURES TO BE CONSIDERED

Submitted by _____

(Signature of person and Local # or SUN Nurse ID #)) Print Name

Seconded by _____

(Signature of person and Local # or SUN Nurse ID #)) Print Name

Submitted on behalf of (if applicable)

☐ Board of Directors

☐ Committee Committee Name _____