

	[Insert Name of Program] A	dvisory Meeting	
Date & Time:			
Location:			
Participants/Attende	ees:		
Name	Signature or Title	Affiliation	
Name	Signature of Title	Amilation	
Recommended Topi	cs:		
Program Updates:			
r regram e paareer			
Program Outcomes:			
	nent, completers, % passing licensure,	credentialing exams	
Curriculum Updates	and Input from Industry:		
Comments from Ind	ustry Participants/Open Forum:		
Suggested Topics:			
Future plans:			
Request for ideas for	r additional resources:		



	For example, grants, industry partnerships, field trips, guest speakers, donations		
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	Other items that are required by accrediting/approval/regulatory bodies:		