

American Academy of Anesthesiologist Assistants Activity Report Date:

Committee/Representative/Organization	
Date of Submission	Submitted by:
Date of Last Meeting	Date of next Meeting

# **Action Items Completed:**

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## **Action Items In-progress/Pending:**

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## **Questions for EC/Board:**

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## **Other Notes/Announcements for Membership:**

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### **Request for Board Action:**

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