SAN DIEGO PSYCHOLOGICAL ASSOCIATION

COMMITTEE MINUTES

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COMMITTEE:

DATE OF MEETING:

LOCATION OF MEETING:

COMMITTEE MEMBERS PRESENT:

COMMITTEE MEMBERS ABSENT:

DESCRIBE PROCEEDINGS:

(Reports Presented/Discussions/Motions Approved or Not)

DATE OF NEXT MEETING:

REPORT SUBMITTED BY:

CONTACT INFO:

DATE:

(Submit Form to SDPA Office and Board Committee Liaison)

SDPA Office

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