



COALITION FOR NURSES IN ADVANCED PRACTICE
LEGISLATIVE VISIT FEEDBACK FORM

Please use a separate form for each legislative visit. If more than one APN attends the visit, please designate one person to complete the form and return it. If you prefer, you may include this information in an email to Lynda at mwoolb@charter.net.

Your Name: _____ APN Role: _____ Place of Wk: _____

Home Phone: (____) _____ Fax: (____) _____ Email: _____

Please check the appropriate box for the legislator's title and complete the information requested:

Legislator's Name: _____ Senator Representative

of APNs attending:

Legislator Present? Yes No Names of Staff Present: _____

Did any APN present have previous contact with the legislator? If so, identify the APN and the type of previous contact. _____

ISSUES DISCUSSED

COMMENTS

(Include the degree of interest in and any position taken on each issue.)

FOLLOW-UP NEEDED BY COALITION LOBBYISTS?

Please return to:
Lynda Woolbert, Director of Public Policy
Coalition for Nurses in Advanced Practice
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FAX (979) 345-3496