The Hong Kong Academy of Nursing
香港護理專科學院

# REPORTING ON THE CHANGE OF COUNCIL MEMBERS / COMMITTEE CHAIRS

To：HKAN Office ( by email：aao@hkan.hk )

From：Hong Kong College of _____

**Report on the change of Council Members for the period：_____**

With effective from (date/month/year):_____

| *Office* | *Name* | *The HKAN Committees that the Officer Bearers will represent the College to attend* | *Remarks* |
|---|---|---|---|
| ***Officer Bearers：*** | | | |
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| ***Council Members / Committee Chairs：*** | | | |
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Reported By：_____ Date：_____