



COLLEGE AND ASSOCIATION OF NURSES
of the Northwest Territories and Nunavut

Resolution #: _____

Title of Resolution

Motion

Submitted by: Name and Registration Number

Rationale

Relevance to CANNN missions and goals.

Estimated resources required or expected outcomes. References if applicable.

The resolution will be motioned at the meeting.

Mover: _____

Seconder: _____

CARRIED (Date): _____