

**AMERICAN ASSOCIATION OF PASTORAL COUNSELORS
REQUEST FOR ACTION**

TO: Board of Directors Association Action Council Other _____

FROM:

DATE:

FOR: *Recommendation for Action Information Consultation

MOTION/TOPIC:

***If this is a Recommendation for Action, please complete the following section:**

1. Describe Action Steps and Tactics:

2. Describe the rationale and impact:

3. Who is responsible for Action?

4. Please describe the time and resources required:



Approved Approved as Amended Not Approved Tabled Date: _____

Action to be taken: _____

1. Action Taken: _____
2. Person to communicate Action taken: _____
3. Advise: Person: _____ Email: _____