Advisory Group Activity

**Standard #2:** An advisory group activity is required each within 12 months of an original application and annually per the program’s anniversary date noted on the ADA Recognition Certificate

Activity Date: ______________20____

**Activity Type (Select One):**
- Documented in person meeting
- Documented emails
- Documented phone conversations
- Ballot
- DSME program survey

<table>
<thead>
<tr>
<th>Advisory Members</th>
<th>Name</th>
<th>Participated</th>
<th>Did not participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator</td>
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<tr>
<td>External Stakeholders</td>
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<tr>
<td>Healthcare Professional</td>
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<td>of another discipline</td>
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<td>(required if program is a</td>
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<td>single discipline program)</td>
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The DSME program input for improvement or development gained from this activity:

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