# BP5 C1.E. Pediatric Clinical Advisory Group meetings

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| **Sub-recipient name** | Pediatric Disaster Coalition |
| **Deliverable number and name** | **C1.E. Pediatric Clinical Advisory Group meetings** |
| **Submit deliverable to** | **dohmhcore@health.nyc.gov** |

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| **Submit the first 2 summaries of CAG meetings.** | **C1.E. Pediatric Clinical Advisory Group meetings | DUE DATE: Feb 29, 2024 | Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Meeting 1** | **Your response (section expands as you type)** |
| **Please list the names and titles of Pediatric Clinical Advisory Group members.** |  |
| **What objectives did you discuss?** |  |
| **What gaps did you identify?** |  |
| **Please list recommendations to improve future programming.** |  |
| **Meeting 2** | **Your response (section expands as you type)** |
| **Please list the names and titles of Pediatric Clinical Advisory Group members.** |  |
| **What objectives did you discuss?** |  |
| **What gaps did you identify?** |  |
| **Please list recommendations to improve future programming.** |  |

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| **Submit the last 2 summaries of CAG meetings.** | **C1.E. Pediatric Clinical Advisory Group meetings | DUE DATE: June 3, 2024 | Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Meeting 3** | **Your response (section expands as you type)** |
| **Please list the names and titles of Pediatric Clinical Advisory Group members.** |  |
| **What objectives did you discuss?** |  |
| **What gaps did you identify?** |  |
| **Please list recommendations to improve future programming.** |  |
| **Meeting 4** | **Your response (section expands as you type)** |
| **Please list the names and titles of Pediatric Clinical Advisory Group members.** |  |
| **What objectives did you discuss?** |  |
| **What gaps did you identify?** |  |
| **Please list recommendations to improve future programming.** |  |