



Wound  
Ostomy and  
Continence  
Nurses  
Society

South Central  
Region

### COMMITTEE VALIDATION for Grant Application

This letter is to validate that \_\_\_\_\_ has  
actively participated on the \_\_\_\_\_ committee  
from \_\_\_\_\_ to \_\_\_\_\_.

Activities included:

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\_\_\_\_\_ (committee chair)

Please submit this form for validation of participation with your Grant application or have the committee chair submit for you. Applications cannot be considered without this completed form.