

Southern Conference of NCARB State Report Form

Date: _____

Name of Board: _____

Email: _____

Contact Person: _____

Staffing Changes:

New Members, if so, list full name, term and contact email:

Statute Changes:

Rule Changes:

Trending Disciplinary Matters:

Legislative Trends:

Recent regional events:

Assistance request, is there a topic, issue, etc. with which you need assistance:

Kudos, recognition, achievements you wish to share: