# Problem of Practice Schedule

Group Name:

| Month (Day & Time) | Facilitator | PoP Lead(s) |
|---|---|---|
| **November**<br>Day:<br>Time:<br>Location: | ● | ●<br><br>● |
| **January**<br>Day:<br>Time:<br>Location: | ● | ●<br><br>● |
| **March**<br>Day:<br>Time:<br>Location: | ● | ●<br><br>● |
| **May**<br>Day:<br>Time:<br>Location: | ● | ●<br><br>● |