



## 2018 CAFP Policy Proposal/Resolution Form

Use this form to submit your policy proposals to the CAFP All Member Advocacy Meeting or submit *at any time during the year* to the CAFP Board of Directors. Proposals may include the endorsement of a county chapter or signatures from Active members but they are not required. Members are encouraged to follow the format below to enable the Academy to engage in knowledge-based decision making.

### RESOLUTION

DATE:

TITLE:

Introduced by:

Endorsed by\*:

\*Endorsement not required

WHEREAS,....., and

WHEREAS,....., and

WHEREAS,....., now, therefore be it

RESOLVED: That

Speaker's Notes:

Fiscal Note:

**(NOT REQUIRED BUT REQUESTED):**

**1) PROBLEM STATEMENT:** What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?

**2) PROBLEM UNIVERSE:** Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?

**3) WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?**

**4) WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?**

**5) PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.**