



2017 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.