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**2020 CAFP Policy Proposal/Resolution Form**

Use this form to submit your policy proposals by January 10, 2020 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.**