



Council of State and Territorial Epidemiologists Policy Position Statement Template

Please note: Only active members defined as persons engaged in the practice of epidemiology at the state, local, territorial or tribal public health level, may submit a CSTE position statement. An associate member can be a co-author of a position statement but not the submitting author.

Deadline for submission to 2017 business meeting:

Ordinary Process- **March 9, 2017**

Expedited Handling- **May 18, 2017**

Presidential Review- **Contact Joseph McLaughlin, CSTE President**

For Ordinary Process and Expedited Handling, submit your electronic typewritten position statement to:

CSTE
2872 Woodcock Boulevard Suite 250
Atlanta, GA 30341
Email: positionstatements@cste.org

Additional information:

- Please note word counts in sections where required.
- [Position statement overview](#) and [submitting author responsibilities](#)
- Position statement timeline:
http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2016PS/Position_Statement_Timeline_.pdf

At least one active member author of a position statement must be present at all Annual Conference voting sessions (in which the position statement is being voted on) including the Thursday Business Meeting.

For further information, contact the CSTE National Office at (770) 458-3811. Consideration of position statements received after the deadline by CSTE is discretionary, cannot be assured, and must involve a time-sensitive or emerging public health issue. Non-typed or incomplete proposals will be returned.

All “permanent” content that should be retained within the position statement is in BLACK font. Please do not delete or modify any black font text. Instructions to the author are in BLUE font. [All blue font text must be deleted prior to final submission of the position statement in addition to the instructions on the first page.](#) This will assure that position statements are uniform in format and content.

Position Statements submitted for Presidential Review must be sent directly to Joseph McLaughlin, CSTE President.

Submission Date:**Committee:** Choose a Committee. *(Drop down field provided – click Choose a committee, then the down arrow)***Title:****I. Statement of the Problem:**

Please limit text in this section to no more than 300 words. Supplemental information may be included in appendices if needed.

Word Count: ____/300**II. Statement of the desired action(s) to be taken:**

Each desired action to be taken should be explicitly measurable and as specific and objective as possible to help the CSTE National Office track position statement implementation. Please provide a separate bullet for each desired action.

Please limit text in this section to no more than 500 words. Supplemental information may be included in appendices if needed.

Word Count: ____/500**III. Public Health Impact:**

Please limit text in this section to no more than 300 words. Supplemental information may be included in appendices if needed.

Word Count: ____/300**IV. Revision History**

If you are updating a previously passed position statement, please reference the position statement ID here. Also, provide the substantive changes between the most recently passed position statement and your proposed position statement. Please provide a separate bullet for each revision. If you are not updating a previously passed position statement, leave this section blank.

V. References

Where appropriate, include references to prior CSTE position statements.

VI. Coordination**Agencies for Response:** (List only one name per agency, preferably an individual in a senior management position; complete contact information must be provided for acceptance to review.)

(1)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(2)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(3)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**For additional Agencies for Response, please provide a separate attachment with complete contact information.*

Agencies for Information: (Complete contact information must be provided for acceptance to review.)

(1)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(2)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(3)

Agency

Contact Full Name

Title

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**For additional Agencies for Information, please provide a separate attachment with complete contact information.*

VII. Submitting Author: (Must be an [Active CSTE Member](#) and complete contact information provided for acceptance to review.)

(1)

Contact Full Name

Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

Co-Author: (Complete contact information must be provided for acceptance to review.)

(1) Active Member Associate Member

Contact Full Name

Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

(2) Active Member Associate Member

Contact Full Name



Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**For additional Authors, please provide a separate attachment with complete contact information.*