



## 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 2020 Business Meeting:**

Ordinary Process- **April 2, 2020**

Expedited Handling- **June 11, 2020**

Presidential Review- **Contact Sharon Watkins, CSTE President**

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

**Email: [positionstatements@cste.org](mailto:positionstatements@cste.org)**

Policy position statements are for issues that would require a vote by the Council because they may result in the need to change state or local law, rules or regulations. All other policy issues, resolutions, etc. that would not require legal changes at the state or local level should be addressed via the processes for [CSTE Briefs and CSTE Letters](#).

Additional information:

- [Position statement overview](#) and [submitting author responsibilities](#)
- [Position statement timeline](#)

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 Steering Committee meetings (6/30/2020 or 7/1/2020) and Thursday Business Meeting (7/2/2020).

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. 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 Sharon Watkins, CSTE President.

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

Word limit: 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.

Word limit: 500 words. Supplemental information may be included in appendices if needed.

**Word Count: \_\_\_/500****III. Public Health Impact:**

Word limit: 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 number 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 and other resources.

**VI. Coordination****Subject Matter Expert (SME) Consultants:**

List names and contact information for any SME consultants (e.g., CDC staff) who advised authors in the development of this position statement. If SME consultants are involved in position statement development, a primary SME must be identified. If a SME consultant is listed upon position statement submission to the CSTE National Office, that SME consultant will be allowed entry to voting sessions at the CSTE Annual Conference and during the Business Meeting.

**PRIMARY SME**

(1)

SME Full Name

Title

Agency

Telephone Number

Email Address

**ADDITIONAL SME(s)**

(1)

SME Full Name

Title

Agency

Telephone Number

Email Address

(2)

SME Full Name

Title

Agency

Telephone Number

Email Address

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

(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

**Agencies for Information:**

Complete contact information must be provided for acceptance to review. *For additional Agencies for Information, please provide a separate attachment with complete contact information.*

(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

**VII. Author Information:****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

**Presenting Author:** (Must be an [Active CSTE Member](#) in attendance at the upcoming CSTE Annual Conference.)

Check this box if presenting author is the same as submitting author.

(1)

Contact Full Name

Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number

Email Address

**Co-Author(s):** (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.*