Council of State and Territorial Epidemiologists
Position Statement Template

A position statement is a major documentation and analysis of a broad policy issue affecting the public's health on which CSTE should take a position. It may or may not call for specific action. Addition information regarding the procedure to file a position statement may be found at http://www.cste.org/ps/2000/2000-ec-01.htm. ***Please note, only active members, all persons engaged in the practice of epidemiology at the state, local or territorial 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.***

The Deadline for submission to 2009 business meeting:
Ordinary Process- **April 2, 2009**
Expedited Handling- **May 21, 2009**
Presidential Review- **Contact President, Perry Smith**

For further information, contact the CSTE National Office at (770) 458-3811. CSTE cannot ensure that position statements received after the deadline will be considered. Non-typed, illegible, or incomplete proposals will be returned.

Position Statements submitted for Presidential Review must be sent to the CSTE President, Perry Smith.

Position Statement Template

Submission Date: 2/3/20092/25/2008

Committee: Chronic Disease *(Drop down field provided, select one)*

Title:

Statement of the Problem:

Statement of the desired action(s) to be taken:

Public Health Impact:

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)

Contact Full Name | Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number | Email Address

(2)

Contact Full Name | Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number | Email Address

(3)

Contact Full Name | Title

Agency

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)

Contact Full Name | Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number | Email Address

(2)

Contact Full Name | Title

Agency

Address Line 1

Address Line 2

City, State and Zip

Telephone Number | Email Address

(3)

Contact Full Name | Title

Agency

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.*

Submitting Author: *(Must be an Active CSTE Member and complete contact information must be 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.*