



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. Additional 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 be primary authors to a CSTE position statement.***

Submit your typewritten position statement by **March 1, 2003** to: Beverly McLeod, Operations Director, CSTE, 2872 Woodcock Boulevard, Suite 303, Atlanta, GA 30341; or email: bmcLeod@cste.org. 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 Statement Template

Submission Date: 10/7/2002

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 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.*

Agencies for Response: (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.*

Authors: (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 Authors, please provide a separate attachment with complete contact information.*