



Date _____

Intent for Position Paper/Statement

Intent To develop a new position paper/statement
 To revise an existing position paper/statement
 To withdraw a position paper/statement in progress

Lead Author (include address, email, phone and fax)

Authoring Committee Members (include address, email, phone and fax for each member)
(All authors need to be active ASTDA members; if not ASTDA members, please provide explanation)

Working Title _____

If this paper overrides an existing position paper, please indicate the title (if different):

If this intent is to revise an existing position paper, should the existing document remain on the website until the new position paper is finalized?

Yes No

Objectives (please check as many as apply)

- to aid in practice
- to support legislation
- to inform public
- provide new information or recommendations
- to inform health care providers
- other _____

Draft of Potential *Positions* for this Position Paper/Statement

(Please provide positions the ASTDA should support)

- 1.
- 2.
- 3.

Development and Timing

Work to begin _____ Estimated completion date _____
(mm/dd/yy) (mm/dd/yy)

Should this position paper be published at a particular time of year?

No

Yes. Please provide rationale

What method(s) do you plan to use to develop the position paper? (check as many as apply)

Review of the literature

Expert consensus

Other (describe): _____

Has a preliminary literature search been performed? Yes No

Has a draft outline been prepared? Yes (if so, please attach) No

Consultative / Review Process

Has the ASTDA Board been consulted and acknowledged in the development of the statement?

Yes No

Are other organizations to review the statement before finalizing?

Yes No

If yes to either of the above, please specify the committee(s) or organization(s):

Will this be considered a joint statement?

Yes No

If yes, with what organization? _____

**Send completed form to
astda@astda.org**