Policy Submission: ☐ New ☐ Revision

Old Policy must be attached to this Submission Form

Date:

Executive Sponsor:

Policy Owner:

Stakeholder Group:

Title of Policy:

What is the purpose of this policy submission –Explain and/or check below):

☐ Regulatory (i.e., The Joint Commission, DPH, CMS etc) Provide additional information here

☐ Clinical reasons – Explain:

☐ Operational changes. Explain:

☐ Annual Review and Update

Where is this Policy used?

☐ Facility Based (name of facility)

☐ Statewide

☐ Other - Explain:

Policy Management Committee Co-Chairs Use Only:

Action: ☐ Returned for revisions ☐ Approved as submitted Date:

☐ Submitted for Signature and Publishing Date:

☐ Rescinded: Date: