

**Intent for the Development of a SAHM Position Paper**

**Date:**

**Intent**

**\_\_\_** to develop a new position paper

\_\_\_ to revise an existing position paper

\_\_\_ to withdraw a position paper in progress

**Lead Author (include full name, address, email and phone)**

**Authoring Committee Members (include address, email and phone for each author)**

*(All authors need to be active SAHM members, if not SAHM members, please provide explanation)*

**Working Title:**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**

Please provide positions the SAHM should support along with a 2-3 bullet justification for each position citing how you plan to include up-to-date evidence-based information or expert consensus that provides justification for each of the stated positions.

1.

2.

3.

**Method(s)**

What the methodology was used to develop the positions stated by checking all that apply:  **\_\_** literature review
\_\_ expert opinion
\_\_ legislative or legal action
\_\_ social or traditional media

\_\_ review of other organizations policy positions (please specify)
\_\_ other (provide details)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Development and Timing**

Work to begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated completion date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mm/dd/yy) (mm/dd/yy)

**Consultative / Review Process**

Has the appropriate SAHM Committees been consulted and acknowledged in the development of the statement?
Yes \_\_\_ No \_\_\_

Will this be considered a joint statement?

❒ Yes ❒ No

If yes, with what organization: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send completed form to:**

Jonathan M. Ellen, MD

Director of Publications

Jonathan.ellen1@gmail.com

SAHM Headquarters

rnorton@adolescenthealth.org