

UConn HEALTH

POLICY SUBMISSION SPONSOR FORM

The individual who presents a policy to the committee for review must be in attendance at the meeting. This person will be considered the policy sponsor. Under certain circumstances a policy may be approved electronically.

Policy Sponsor and Title: _____

Key Stakeholders:

Name	Title	Initials	Date

New Proposed Policy Name _____

Revision* Name and number of policy _____

Deletion Name and number of policy _____

***NOTE: IF THIS IS A REVISION, A COPY OF THE OLD POLICY AS WELL AS A VERSION WITH TRACKED CHANGES MUST BE SUBMITTED WITH THIS FORM.**

What occurred to cause the need to either revise, delete, or initiate this policy?

Were Storrs/UConn Health policies reviewed to determine if a similar policy already exists? Yes ____ No ____

Policy Sponsor Signature: _____

Date: _____

For an Administrative policy, submit a copy of this form to Tara Rousseau at rousseau@uchc.edu along with a draft copy of the tracked changes version (if revised) of the policy, and a copy of the policy in the new format.

For a Clinical policy, submit a copy of this form to Michelle Thomas at mthomas@uchc.edu along with a draft copy of the tracked changes version (if revised) of the policy, and a copy of the policy in the new format.