**Resolution Form**

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

To be included for consideration by this conference, **resolutions must:**

1. Address only one issue;
2. Include “whereas” clause(s) that are stated clearly, factually, and are limited to relevant information;
3. Include “resolved” clause(s) that stand alone without the rest of the document present (clear and concise, positively stating the action or policy called for by the resolution);
4. Include statement explaining any fiscal implications necessary to implement the “resolved” clause(s);
5. Be endorsed by at least two registrants (*Active* AAFP members only) at this conference; and
6. Be submitted on or accompanied by this form with all information completed.

**Resolutions need to be submitted electronically to AAFP staff by 3:30 p.m. on Thursday, April 30, 2015.**

The NCCL Convener and next year’s NCCL Convener determine the ultimate designation of which reference committee will act on a resolution. This determination looks at the relevance of the issue, possible grouping of like issues for consideration, and the relative workload of each reference committee.

***Disclaimer:*** *Each resolution will be reviewed by a committee of content experts and is subject to grammatical and substantive changes as deemed appropriate.*

**Resolution Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For Office Use Only***

Physician Review \_\_\_\_\_\_\_\_\_ Staff Review \_\_\_\_\_\_\_\_\_ Reference Committee \_\_\_\_\_\_\_\_\_

***Please print.*** This resolution is submitted by (must include at least two Active member NCCL registrants).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 MD 🞎 DO FAAFP: 🞎 YES 🞎 NO

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constituency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 MD 🞎 DO FAAFP: 🞎 YES 🞎 NO

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constituency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 MD 🞎 DO FAAFP: 🞎 YES 🞎 NO

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constituency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 MD 🞎 DO FAAFP: 🞎 YES 🞎 NO

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Constituency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_