

NOSORH HEALTH POLICY BRIEF

This form is provided to help you make a case to the NOSORH Policy Committee and Board of Directors about issues you think NOSORH should have a voice. If you have any questions or concerns contact the Policy Committee Co-Chairs.

Date:

Reference Title: Please provide a title which clarifies the issue.

Background: Please provide one paragraph which describes the circumstances surrounding the issue.

Issue: Please provide one paragraph that describes the program, initiative or content surrounding the issue.

Request for Consideration: Please provide specifics regarding a) support for the issue, b) specific budget amount being proposed for endorsement, and c) specific action you would like NOSORH to take. Provide one-two sentences which describe the benefit to NOSORH should they support the issue.

Contact Information: