



Policy Academy: 2021 Topic Request Form

Directions: Complete this form ONLY if your topic is NOT included on the STD Policy Priorities List or in your PCHD grant. Submit to Kassy Keen at kkeen@ncsddc.org.

1. List the full name of the individual or all registering group participants (ex. Jane Smith)
2. State the jurisdiction the participant(s) work in (ex. District of Columbia)
3. State the requested policy topic that is not provided on the list
4. Write a brief justification about how the requested policy topic intersects with and advances the STD prevention and treatment field within your jurisdiction or agency.

Registrant Information

Full Name: _____
Jurisdiction: _____
Policy Topic: _____
Justification: _____

I, _____, the _____ STD Director approve of the above policy topic.
(STD Director Name) (Jurisdiction)

STD Director Signature & Date:

For internal use only

Approved by NCSA Policy staff Not approved by NCSA Policy staff

Reason for Denial: _____

Staff Name: _____ **Signature:** _____ **Date:** _____

Approved by CDC-DSTDP staff Not approved by CDC-DSTDP staff

Reason for Denial: _____

Staff Name: _____ **Signature:** _____ **Date:** _____