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 keen@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 Signature & Date: ____________________________

For internal use only

☐ Approved by NCSD Policy staff  ☐ Not approved by NCSD 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: ____________________________