

This checklist is to be completed for each clinical support document.

If a document contains medication or is an Order Set, it should be approved by Pharmacy, Therapeutics, & Nutrition (PTN) Committee contact: ltaylor@cw.bc.ca

TO BE FILLED BY THE DOCUMENT LEAD

Date					
Identify Approving Committee					
Document Lead					
Title					
Type of Document					
Document Number	Existing Number:		New Number Required: <input type="checkbox"/> Yes		
Action	New Document <input type="checkbox"/>		Revision <input type="checkbox"/>		Archive <input type="checkbox"/>
	Why is this important :				What is new?
Search Terms					
Working Group					
Content Experts					
Stakeholders					
Level of Patient/Family Engagement	Inform	Consult	Involve	Collaborate	Empower/Lead
Communication & Education Plan	Education Sessions <input type="checkbox"/> (Inservices/Eduquicks)		Team Meetings <input type="checkbox"/>	Email <input type="checkbox"/>	Newsletter/flyer/posters <input type="checkbox"/>
	Other:				
Evaluation	Major Revision <input type="checkbox"/>		Other <input type="checkbox"/>		N/A <input type="checkbox"/>
	Describe:				

TO BE FILLED BY THE COMMITTEE CHAIR(S)

Action by Committee	Approve <input type="checkbox"/>	Approved with minor edits <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Chair(s) Comments			
Chair(s) Signature	Name: Designation: Date: Signature:	Name: Designation: Date: Signature:	

Please send the completed form to the Policy Office
(B228 Shaughnessy) Policycoordinator@cw.bc.ca
along with the document(s) for posting.