

Form 5E ii: Policy and Procedure Development

15 Credits per Project or Policy

Issued: 2018

NAME: _____ CTFN No.: _____

DATE COMPLETED: MONTH _____ YEAR: _____

NOTE: If you need more space for an entry attach a separate sheet with your name, CTFN No. and the additional information.

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| Name of Policy/Procedure |
| What needs prompted the development of the policy/procedure? |
| Summary of research done to develop the policy/procedure |
| Summary of the policy/procedure implementation and evaluation process |
| Who worked on the development/implementation/evaluation of the policy/procedure? |
| What was your role in the development/implementation/evaluation of the policy/procedure? |

| | |
|----------------------------|-------------------------|
| Manager's Name: (print) | Manager's Signature: |
|----------------------------|-------------------------|

OR ANOTHER CDE MAY SIGN ONLY IF A MANAGER IS UNAVAILABLE TO SIGN

| | | |
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| CTFN No.: | Name:(print) | Signature: |
|-----------|--------------|------------|