|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policy Name:** |  | | **Number:** | (See page 4 of Policy PHSI-01-000 for number format) | |
| **Procedure:** | (Add link to page of procedure or indicate on what page procedure is found) | | | | |
| **Applies to:** | (Indicate applicability (e.g., all DPH employees, all DPH programs, etc.) | | | | |
| **Position Responsible:** | (Indicate name of position responsible to review and update this policy) | | | | |
| **Effective Date:** | mm/dd/yyyy | **Last Reviewed:** | | | mm/dd/yyyy |
| **Approved** | (Signature of Commissioner or designee) | **Date** | | | mm/dd/yyyy |

**PURPOSE:**

Identify the purpose of the policy.

**SCOPE:**

Identify who this policy applies to (e.g., all DPH programs)

**DEFINITIONS:**

Add definitions necessary and relevant to policy.

**POLICY:**

Add description of policy.

**PROCEDURES:**

Add the procedure necessary to carry out policy.

**PROCESS:**

Add process, if applicable, to policy and procedure. Consider use of a process flowchart.