HOUSE OF DELEGATES

Resolution Preparation Worksheet

**Step 1:** Review and utilize the [resolution writing tips](http://mafp.org/resolution-writing) to aid in writing your resolution.

**Step 2:** Need help clarifying the goal and/or desired outcome of your resolution (meaning what action or actions are you wanting the MAFP to take)? Reach out for assistance.

**Step 3:** When you’re ready, submit your resolution by copying and pasting the final content from this worksheet into the online [resolution submission form](https://mafp.org/resolution-submission-form).

***Reminders before you submit:***

* Be sure to use clear, concise language.
* Compose all content in plain text only (no formatting like **bold**, italics, or superscripts).
* Provide all information as it should be presented to the House of Delegates.
* Be as specific as possible about the desired action(s) you want the MAFP to take.

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| Resolution Title/TopicRequired. Use Title Case. |  |
| Desired Action(s)Required. What actions do you want the MAFP to take? (Be prepared to check the appropriate boxes on the online form. You may check more than one box.) | * Advocate legislatively
* Advance the resolution nationally (to the AAFP Congress of Delegates)
* Bring awareness to members, the public, media and/or specific groups/stakeholders
* Provide education to members, the public, media and/or specific groups/stakeholders
* Support/collaborate with other groups/organizations on work that’s already being done
* Other (be specific)
 |
| Resolution AuthorRequired. The resolution author may be one individual, several individuals, a chapter, a committee, etc. Include full names with designations (e.g., MD, DO). |  |
| WHEREASRequired (at least 1). You may write up to 10. If you want to reference supporting information or cite sources in your whereas statements, format your reference numbers like this: [#] (example: Higher utilization has been shown to improve these rates [2]) and include each reference or citation in the Additional Supporting Information section (limited to 20 reference items). | 1 | WHEREAS  |
| 2 | WHEREAS  |
| 3 | WHEREAS  |
| 4 | WHEREAS  |
| 5 | WHEREAS  |
| 6 | WHEREAS  |
| 7 | WHEREAS  |
| 8 | WHEREAS  |
| 9 | WHEREAS  |
| 10 | WHEREAS  |
| BE IT RESOLVEDRequired (at least 1). You may write up to 5. | 1 | BE IT RESOLVED that  |
| 2 | BE IT FURTHER RESOLVED that  |
| 3 | BE IT FURTHER RESOLVED that  |
| 4 | BE IT FURTHER RESOLVED that  |
| 5 | BE IT FURTHER RESOLVED that |
| Additional Supporting Information *(optional)*You may enter up to 20 supporting items (one supporting item per line). You may provide supporting documentation references and/or cite your sources. You are encouraged to provide the URLs of reference materials/sources that are available online. Begin each item with the reference number [#], if using them.  | 1 |  |
| 2 |  |
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| Testimony *(optional)*Why is this resolution important to family physicians? Provide your testimony in writing or by uploading a video with your resolution through the online form (or by emailing it to the MAFP office). Maximum length: 2-3 minutes. Maximum file size: 30MB. |  |

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