

**Gatekeeper Request Form**

**Clinical Practice Guideline Review and Endorsement**

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|  |
| **Full name:** |  |
| **Institution:** |  |
| **AusACPDM Member** | YesMembership number:  | No |
| **Position:**  |  |
| **Email address:** |  |
| **Phone number:** | Business: Mobile:  |

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| **Purpose of request** |  [ ]  Review and endorsement of Clinical Practice Guideline on AusACPDM website  |
| **Name of Clinical Practice Guideline:**  |  |
| **Brief description of Clinical Practice Guideline (including purpose and main recommendations):**  |
| **Please attach relevant documentation:**- Copy of Clinical Practice Guideline- Any associated publications- Completed AGREE II Guidelines Assessment  |
| **If accepted for review and endorsed, preferred distribution method**[ ]  Please place on the AusACPDM website in the most relevant section, including a “news” item on the home page[ ]  Please include a short message regarding this Clinical Practice Guideline in the next quarterly AusACPDM newsletter (message to be confirmed following the review process)Please note: Clinical Practice Guidelines will be available on the AusACPDM website for a maximum of 5 years, at which time they will be removed unless an updated version is submitted for review. |

**Acknowledgements:**

[ ]  Information will be distributed to members electronically and housed on the AusACPDM website.

*All gatekeeper requests must be approved by the Scientific Education Committee of the AusACPDM according to the Guidelines for Endorsing Clinical Practice Guidelines and Care Pathways. The AusACPDM reserves the right to decline a gatekeeper request if it does not fall within the guidelines appropriate for our membership.*

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| **FOR OFFICE USE ONLY** |
| **Name of reviewer/s:**  |  |
| **Accepted for review?** | [ ]  Yes [ ]  No | Comments: |
| **Approved for endorsement?** | [ ]  Yes [ ]  No | Comments: |
| **All conditions acknowledged** | [ ]  Yes [ ]  No  | Comments: |
| **Suitable for AusACPDM members** | [ ]  Yes [ ]  No | Comments: |
| **Approval to place on website** | [ ]  Yes [ ]  No |   |
| [ ]  **Request approved** | [ ]  **Request denied** | [ ]  **More information sought** |
| **Notes:** (with attached documents as per *Guidelines for Endorsing Clinical Practice Guidelines and Care Pathways*) |