Sponsoring Member Unit Letter
Note: to be considered in the review process, this letter must be completed by the appropriate Member Unit Chair

Date:

_____

Sponsoring APHA Member Unit:

Chair Name:

_____

Email:

_____

To the Evidentiary Review Committee

This letter serves as confirmation that the proposed Public Health Policy Brief:

_____(Brief Title)

was submitted by _____(Corresponding Author's Name)

on behalf of the (Sponsoring APHA Member Unit)

_____

The proposed Public Health Policy Brief has been reviewed and endorsed by the aforementioned Member Unit following all member unit procedures for such action.

Signed,

_____ (Chair's signature)