

EXHIBIT E: Approval and Verification:

POLICIES AND PROCEDURES

Policy Title/ Number(s):

1.

2.

3.

4.

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9.

10.

Add description of policies or standard (practice) change and/or improvement

Reviewed ☐ Date(s) Reviewed _____

New Policy ☐ Date(s) Approved _____

Revised (*see attached policy with changes*) ☐ Date Revised _____

Evidence Based Practice change (*see attached evidence*) ☐ Date Revised _____

- ◆ *A separate form needs to be completed for each policy that has changes.*
- ◆ *One form can be used for multiple policy reviews with no changes.*

Signature: _____ Date: _____
(Authorized Policy Personnel)