

Best Practices Form

NAME: _____

AFFILIATION: _____

ADDRESS/ PHONE #/ EMAIL: _____

CATEGORY: _____

WHAT IS THE PRACTICE? (DETAILED DESCRIPTION):

WHAT IS THE PURPOSE OR GOAL?:

WHERE IS THE BEST PRACTICE BEING USED?:

WHAT ARE THE RESULTS OF THE BEST PRACTICE?

EXAMPLES OF OTHER PRACTICES CURRENTLY EMPLOYED:

Any information submitted is subject to review and approval by CLEAR members and any parties hear by appointed. Upon submit, you agree to allow CLEAR to replicate and disseminate any and all information as they see fit. Admission of content on to the website is at the sole discretion of CLEAR members. Submission of materials does not guarantee admission to the website. You will be contacted only if further information is needed.