

**NAPNAP Position Statement Evaluation Form**

Please complete the following evaluation form and return it to Victoria Afolabi at the national office: vafolabi@napnap.org by: .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Excellent** | **Fair** | **Poor**  | **Comments** |
| Adheres to NAPNAP position statement format.  |  |  |  |  |
| Written clearly with cohesive flow and appropriate grammatical structure. |  |  |  |  |
| Includes the most current data and up-to-date recommendations and/or evidence-based practice guidelines relevant to the subject.  |  |  |  |  |
| Accurately reflects NAPNAP’s point of view or philosophy on the issue. |  |  |  |  |
| References used are comprehensive and current (within the last 5 years unless a seminal source)\*. |  |  |  |  |
| References are evidence-based, research-focused, primary sources and/or systematic reviews.  |  |  |  |  |
| Scope of the statement is appropriate for the needs of the identified patient populations and/or the role of the pediatric-focused APRN. |  |  |  |  |
| Incorporates the collaborative role of the pediatric-focused APRNs and provides actionable items. |  |  |  |  |
| NAPNAP can realistically support the recommendations. |  |  |  |  |
| Statement is reflective of NAPNAP’s goals, objectives and strategic plan. |  |  |  |  |
| Statement is professionally worded and free of bias or inflammatory language.  |  |  |  |  |
| Statement is appropriate for the consumer reader.  |  |  |  |  |
| Length of the statement is appropriate; statement is concise and complete.  |  |  |  |  |
| **Blinded editorial comments to the authors:** |

\* A literature review may not be necessary for more philosophical statements.

**Do you feel it necessary or beneficial to send this statement to an editor for additional revisions/edits?**

 **Yes \_\_\_\_ No \_\_\_\_**

Considering the needs of the patient population, the role pediatric APRNs play in the care of that patient population, role in inter- and multi-disciplinary team and the document being reviewed, I make the following recommendation to the NAPNAP Executive Board:

**Accept \_\_\_\_**

**Minor Revision \_\_\_\_**

**Major Revision \_\_\_\_**

**Reject \_\_\_\_**

Please state below why you have decided on the recommendation you are making (use another sheet, if necessary):

Reviewed by:     Date: