****The CASL Executive and Guidelines Committee Guideline invite interested members (and working groups composed of member and non-member representatives) to submit applications for the development of guidelines and related documents in areas of liver-related clinical practice where there would be benefit provided by having CASL-developed or endorsed recommendations.

**Application for CASL-Developed and Endorsed Guidelines**

**Valuable information to consider before you start:**

Applications should adhere to the criteria established in the CASL Guidelines Development and Endorsement Policy, and will be accepted twice per year for review by the CASL Guidelines Committee:

* The Spring application period will close April 30th
* The Fall application period will close October 31st

Submit your completed application and supporting documents by email to [casl@hepatology.ca](mailto:casl@hepatology.ca) with the subject line *“Application for Guidelines.”*

The CASL office will confirm receipt of your application and advise regarding any requirements that were not addressed within a week of the submission.

|  |
| --- |
| **Before you submit your application – does your submission package include the following?** |
| * This submission form * Summary of proposed guideline(s) to be developed, including:   + Manuscript type   + Rationale for the topic   + Name(s) and profession/area of practice for writing group chair or co-chairs   + Names and profession/area of practice for proposed guidelines writing group members   + Rationale for inclusion of working group members * Completed Conflict of Interest (COI) forms for all Guidelines Writing Group members |

|  |  |  |
| --- | --- | --- |
|  |  | |
| **Guidelines Document Information** | | |
| Date of submission:  (dd/mm/yyyy) |  | |
| Name/Topic of the Guideline: |  | |
| Type of document (select one): | Clinical Practice Guideline  Position Paper or Guidance Document  Canadian Context and Impact Statement on International Guidelines  Update to Previously Published CASL-endorsed Guideline | |
| Was the guideline previously published: | Yes  No |  |
| Date of previous publication, if applicable: |  |  |
| If yes, has new evidence been published on the topic since the last guideline publication? | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| **Guidelines Writing Group** | | |
| 1. Chair or Co-Chair Information | First and Last Name: | |
| Organization/Institution/Department: | |
| Email: | Telephone #: |
| Does the proposed chair/co-chair have any conflicts of interest within the last two years? | Yes  No |
| Conflict of Interest Form attached? | Yes  No |
| 1. Co-Chair (if applicable)   *If there are more than two co-chairs, please attach additional information on a separate page* | First and Last Name: | |
| Organization/Institution/Department: | |
| Email: | Telephone #: |
| Does the proposed co-chair have any conflicts of interest within the two years? | Yes  No |
| Conflict of Interest Form attached? | Yes  No |
| 1. Committee Member Information   *If more lines are needed, please provide list of writing group members as a separate attachment.* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Organization of Working Group Member** | **Relevance to the Guidelines Topic / Area of Focus** | **CASL Member?** | **Conflict of Interest Form Attached?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Guideline Information** |
| What is the Rationale for the Topic? |
|  |