

**Policy/Medical Directive Archival Approval Form**

**Section 1: DETAILS**

<b>Policy/MD Title:</b>
<b>Section &amp; Approval Body:</b>
<b>Reason for Archival:</b>
<b>Existing Documents That are Cross Referenced:</b>

**Section 2: APPROVALS**

Position	Title	Name	Signature	Date
Policy Lead				
Policy Manager				
Policy Owner				
<b>Departmental &amp; Clinical Policies:</b>				
Physician Chief <i>(if applicable)</i>				
<b>Corporate Policies:</b>				
AVP or ELT				
<b>Medical Directives:</b>				
AVP <i>(if applicable)</i>				
Physician Chief <i>(if applicable)</i>				