



## **NYSCC Member Success Stories**

**Name:**

**Organization:**

**Phone Number:**

**Email:**

**Please describe a successful initiative or program that should be highlighted by the NYS Cancer Consortium as a best practice in cancer control in New York State. These success stories will be posted on the NYSCC website, at the discretion of the NYSCC Communications Committee, and may be highlighted in the NYSCC Monthly Blasts. Completed forms may be submitted via email ([nyscccp@cancer.org](mailto:nyscccp@cancer.org)) or faxed to 585-473-6869 (Attn: NYSCC).**

**Name of Project/Initiative:**

**Organization(s) Involved:**

**Funding Source:**

**Area of Implementation:**

**Targetted Population:**

**Dates of Implementation:**

**How was the initiative measured?**

**What were the outcomes?**

**Will this work be repeated or expanded?**

**If there are photos testimonial letters, etc., they can be submitted with the completed form. A copy of the permission of use form must be included for all additional success story items in order to ensure use.**

**Please give a brief summary (500 words or less) of your project/initiative.**

**By submitting this project/initiative success story, I give the New York State Cancer Consortium permission to post provided information on the NYSCC website, in the NYSCC Chronicle or in all other NYSCC publications. I also give the NYSCC permission to edit content for length. (Stories without a checked permission will not be considered for inclusion or posting.**