

Tennessee Initiative for Perinatal Quality Care

INSTITUTION MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Contact: _____

Email: _____

Phone(s): _____ (w) _____ (c)

Fax: _____

By submitting this annual, renewable application, you are indicating a commitment to quality and to participating in at least one TIPQC project annually. This also indicates your institution's agreement to follow all data rules, work with your local IRB for all projects, and maintain your internal records for each TIPQC project.

Privacy Statement: TIPQC will not sell, share, or distribute your address or personal information to anyone.

This is a voluntary, collaborative association.

Hospital CEO

Name: _____

Title: _____

Address: _____

Email: _____ Phone: _____

I understand the commitment, objectives and expectations involved in TIPQC's state-wide improvement project being carried out in my hospital. I will support the team and will work with them to remove any barriers and/or provide the resources necessary for them to achieve success.

Signature _____ *Date of application* _____

Medical Director of Unit (s) Involved in Project(s)

Name: _____

Title: _____

Address: _____

Email: _____ Phone: _____

I understand the commitment, objectives and expectations involved in TIPQC's state-wide improvement project being carried out in my hospital. I will support the team and will work with them to remove any barriers and/or provide the resources necessary for them to achieve success.

Signature _____ *Date of application* _____

Chief Quality or Patient Safety Officer

Name: _____

Title: _____

Address: _____

Email: _____ Phone: _____

I understand the commitment, objectives and expectations involved in TIPQC's state-wide improvement project being carried out in my hospital. I will support the team and will work with them to remove any barriers and/or provide the resources necessary for them to achieve success.

Signature _____ *Date of application* _____

Please complete this information and return to:

TIPQC Office

Attn: Brenda Barker

Fax: 615-343-6182