



CUSP Communication & Teamwork Tools

June 2011 – November 2011

COMMITMENT FORM

Due by Friday, June 10, 2011

On behalf of (print hospital name) _____, we want to participate in ***CUSP Communication & Teamwork Tools***, module two of the *People, Priorities and Learning Together* initiative.

Our hospital contact for this collaborative will be:

Name _____

Position _____

Address _____

Phone Number _____ Fax _____

Email _____

Signed,

CEO/Administrator Signature (or designee)

Date

Mail, Fax or Email this completed form by Friday, June 10, 2011 to:
Missouri Center for Patient Safety
Attn: Kimberly O'Brien
2429 Hyde Park Road
Jefferson City, MO 65109
Fax: (573) 636-8608
kobrien@mocps.org