

CUSP/CLABSI Team Commitment Form

Please have team members review the expectations included on the Enrollment form, and then provide their contact information and signature below. Return this form, along with the enrollment form, by June 30 to Rosemary Blackmon at the Alabama Hospital Association. If you do not have all of the team members at that time, please forward what you have, particularly the primary hospital contact and team leader.

While it is recommended that you have someone for each of the slots specified, we understand that some hospitals may not have enough people to complete a full list and that some of the team members may serve multiple roles. Please personalize this to work for your hospital.

Hospital: _____ Unit: _____

Primary hospital contact: _____ Title: _____

Phone: _____ E-mail: _____

Team Role	Name Printed	Title	E-mail	Phone	Signature	Date
Project Team Leader						
Physician Champion						
Nurse Manager Champion						
Data Collector						
Hospital Executive Champion						
Infection Prevention Representative						
Other member						
Other member						