



**Hospital Executive Quarterly Report**

Please submit reports every three months by the following due dates (or business day immediately preceding if due date occurs on a weekend or holiday): March 31, June 30, September 30, December 31.

Reports can be submitted via scan and email to [info@georgiaruralhealth.org](mailto:info@georgiaruralhealth.org) or by mail to:

Georgia Rural Health Innovation Center

Attn: Hospital Leadership Training

1501 Mercer University Dr., Macon, GA 31207

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Hospital name: \_\_\_\_\_

Hospital address: \_\_\_\_\_

Name of representative completing report: \_\_\_\_\_

Title of representative completing report: \_\_\_\_\_

Phone number of hospital representative: \_\_\_\_\_

Email address of hospital representative: \_\_\_\_\_

Name of vendor that hospital will be working with: \_\_\_\_\_

*Note: If you have not yet contracted with an approved vendor, please leave this question blank.*

**I certify that the information reflected in this form and the attached roster is accurate to the best of my knowledge.**

\_\_\_\_\_

*Signature of Chief Executive Officer*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Board Chairperson*

\_\_\_\_\_

*Date*

Name	Email Address	Title	Required* or Optional	Date of Installation	Training Completed (Yes/No)

Please repeat this page as needed to include complete roster.

\* Individuals required to complete training are the CEO, CFO, Board Members, and Hospital Authority Members.