

**Thank you for your interest in submitting a Hospital Leadership Training Curriculum. Please see the list below for the components required in your submission packet. Please email your completed packet as a PDF document to [info@georgiaruralhealth.org](mailto:info@georgiaruralhealth.org). Questions may be directed to Chris Scoggins, MPH, Director of Special Projects, at [scoggins\\_ct@georgiaruralhealth.org](mailto:scoggins_ct@georgiaruralhealth.org) or via phone at (478) 301-4702. You will receive notification within two business days verifying that all components of the submission have been received. You will be notified of the status of your certification approval within 30 days.**

*All items listed below are required for your submission to be deemed complete and submitted for review.*

Contact Information Cover Sheet

Organization's name

Organization mailing address

Name of organization's primary contact

Phone number for primary contact

Email address for primary contact (please include mailing address for primary contact if different from organizational address)

Cost and Delivery Sheet

Details of cost of training for hospitals (please specify if costs are attributed per person, per session, per hour, etc)

Methods of delivery (i.e.: Online Course, In-Person, Virtual In-Person, Other- please explain)

List of proposed instructors and their qualifications (if already available)

Curriculum

Details of the proposed curriculum including the following required items:

- Learning objectives
- Lesson plans
- Curriculum map connecting objectives and lesson plans to standards

All assessments with answer key, passing score, and standard mapping.

Summary of proposed quality assurance and improvement processes

Proposed instructor evaluation form

Proposed session evaluation form