



## Hospital Leadership Quarterly Report

### Instructions

Reports are due quarterly by the following due dates: March 31, June 30, September 30, December 31. If the due date falls on a weekend or holiday, reports are due the following business day. All reports should be submitted by email to [info@georgiaruralhealth.org](mailto:info@georgiaruralhealth.org). Please provide the information as outlined below. Repeat the attached page as many times as needed to list all individuals.

**Name** – The full name of each member of the hospital leadership team participating in training.

**Email Address** – The best email address for each individual listed.

**Title** – The official title of each individual as it pertains to the hospital.

**Required or Optional** – Note “Required” the CEO, CFO, Board Members, and Hospital Authority Members. “Note Optional” for all others.

**Installation Date** – The date the individual was hired or appointed to their role with the hospital.

**Initial Training Date** – The date the individual completed all required training (all 8 standards) for initial certification.

**Recertification Date** – The date of most recent recertification if applicable. Recertification is due every 2 years after initial certification.

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

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

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**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*

