



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. 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

