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**Instructions:** After submitting the on-line application, complete this Applicant Agreement and return by fax to ASHP at 301-634-5930.

## ANTIMICROBIAL STEWARDSHIP MENTORED IMPACT PROGRAM - APPLICANT AGREEMENT

## **TEAM OBLIGATIONS / RESPONSIBILITIES**

The Applicant Team is responsible for implementing at least one antimicrobial stewardship improvement project within 60 days after the Mentors' site visit. The improvement project must have clearly defined and measurable objectives. Data regarding the intended improvements must be collected at baseline (prior to the site visit) and at 12 months. The Team, through its Team Leader, agrees to the following:

- Coordinate the Mentors' site visit itinerary, including a CE presentation, with ASHP Staff.
- Implement an antimicrobial stewardship improvement project in accordance with the FINAL written plan within 60 days of the site visit.
- Measure and report outcomes data 12 months after baseline.
- Prepare a summary of your antimicrobial stewardship improvement project to share as a virtual poster presentation.

## SUBMIT TO ASHP STAFF 30 DAYS PRIOR TO THE MENTORS' SITE VISIT:

- ASP self-assessment.
- Comprehensive (draft) plan that describes the goals, objectives, measures of success, and proposed methods for a project intended to improve antimicrobial stewardship.
- Measurement of baseline outcomes data for the antimicrobial stewardship improvement project.
- Existing antibiograms, protocols, and policy & procedure documents related to antimicrobial stewardship.

☐ I UNDERSTAND AND AGREE TO ALL OF THE ABOVE REQUIREMENTS (CHECK BOX)

 HIPAA confidentiality agreement, permitting disclosure of protected health information to Mentors during site visit.

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NAME OF HOSPIAL:	
TEAM LEADER (PLEASE PRINT NAME):	·
SIGNATURE:	Date:
HOSPITAL SUPPORT	
Name and Title of Senior Leader (e.g., $C$ -Suite	LEVEL) WHO SUPPORTS THIS PROJECT:
SENIOR LEADER (PLEASE PRINT NAME):	
TITLE:	
SIGNATURE:	Date: