

CQU 2018 APPLICATION

The North Carolina Medical Society Foundation Kanof Institute for Physician Leadership Advisory Board, or a sub-committee thereof, will review this application, which must be completed in its entirety. The nomination form also can be found at: www.ncmedsoc.org/cgendorsement

SECTION A – TEAM PROFILE

Team Organization Name:
Name and Credentials of Team Member 1:
Name and Credentials of Team Member 2:
Name and Credentials of Team Member 3:

The NCMS prefers to communicate with one team member during the application process. *Please list the primary contact for your team:*

Name:
Email:
Preferred Mailing Address:
Primary Phone:

Describe your team's practice setting and the role each team member plays in this setting.

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Please list any quality improvement, patient safety or other similar training and/or experience team members have.

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SECTION B – TEAM ASSESSMENT

1. Describe a potential quality improvement project you have discussed as a team:

2. Why should your team be chosen for participation in the Clinical Quality Track of the Kanof Institute for Physician Leadership?

3. Provide a brief description of the top three quality improvement challenges that you and your team face in your work/practice setting and the opportunities your team has to impact these challenges with additional training:

4. Please describe how your participation in the Clinical Quality Track will benefit a) your patients; b) your practice setting; and c) the NCMS and broader “family of medicine”.

Is the team willing to share your clinical quality successes and lessons learned with the “family of medicine” through the NCMS, specialty medical societies, the NC Hospital Association or other professional associations and organizations?

☐ Yes ☐ No

If selected, our team agrees to complete a clinical quality project of our choice and to fully participate in all required educational sessions, conference calls and project work of the Clinical Quality Track of the Kanof Institute for Physician Leadership as specified.

Signature of Nominee _____ Date _____
(Team Member 1)

Signature of Nominee _____ Date _____
(Team Member 2)

Signature of Nominee _____ Date _____
(Team Member 3)

*** Please include a current CV for each team member.**

SECTION C – ENDORSING ORGANIZATION

(To be completed by the team's employer)

Name of Team:
Endorsing Organization's Name:
Name of person(s) completing endorsement:
Title(s):
Email:
Phone:

Describe why you believe this team should be selected to participate in the Clinical Quality Track of the Kanof Institute for Physician Leadership and steps you will take to support their quality improvement project.

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I understand that team members will attend all day training sessions on the following dates and fully support their participation:

1. Friday, March 2nd – Saturday, March 3rd, 2018
2. Friday, April 27th – Saturday, April 28th, 2018

Endorsing Signature _____ Date _____

*Questions? Please contact Erin Grover at egrover@ncmedsoc.org or
Kristina Natt och Dag at tnattochdag@ncmedsoc.org.
You may also call at 919.833.3836.*