



## PQCNC AIM cLOUDi Roster Form

1. Our facility's name and address are below:

	Name of Facility	Address	City	State
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill out the positions that you know, leaving blank those about which you are unsure, and submit to ensure that you begin receiving emails/newsletters/etc. and are kept up-to-date on the initiative. You may return as frequently as necessary to complete the roster for your team

2. Our team contact information is below:

	Last Name	First Name	Email	Phone
Hospital Executive Champion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Team Leader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician Champion - Maternal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician Champion - Newborn	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Manager Champion - Maternal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Manager Champion - Newborn	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Work Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacy Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Entry Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IT Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pt/Family Team Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pt/Family Team Liasion (staff member who will work closest with pt/family member)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit

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