

Additional Sites Application - Expansion site(s)

Application Information

<i>Signature Statement signed by</i>	
Name:	_____
Title:	_____
Phone:	_____

<i>Reporting Period</i>	
Start Date:	_____
End Date:	_____

Paper Audit Item(s) and Misc. Documentation *This lists the files you may need*

<input type="checkbox"/> A formal description of CQI process and current project
<input type="checkbox"/> Documentation of annual program review and/or plan and advisory committee activities
<input type="checkbox"/> A copy of a de-identified patient chart showing complete education process
<input type="checkbox"/> A copy of a full section of Program's "Nutrition" curriculum
<input type="checkbox"/> A copy of a full section of Program's "Medication" curriculum
<input type="checkbox"/> A copy of a full section of Program's "Goals Setting and Behavior Change" curriculum
<input type="checkbox"/> Support Documentation

Expansion Site - Site Information *Complete this information once for each expansion site included in the application*

Site Name and Contact Information:

Name: _____

Phone: _____

Fax: _____

Add 1: _____

Add 2: _____

Service Area

What is the service area around this site considered:

Urban Rural Suburban

Expansion Site Information

There is evidence to show that each of the following items is the SAME at the expansion site as it is at the site from which you are expanding:

Curriculum

At least one instructor who is RN, RD or pharmacist

Instructors who have the academic credentials to sit for the CDE exam

Instructors are CDE, BC-ADM or have CEU's in the past 12 months

Continuous Quality Improvement Process and Current Project

Policies and Procedures

Educational Chart Forms