(Date)

Dear Georgia HAI Advisory Committee:

We are applying to participate in the Antibiotic Stewardship Recognition Program for Georgia Acute Care Hospitals. As such, we agree to the following:

* Our Senior Leadership is committed to improving antibiotic use in our facility.
* We have identified an active antimicrobial stewardship team with a physician champion and clinical pharmacist. The team will meet at least quarterly and includes a {identify staff name and role here (for example, physician, pharmacist, infection preventionist, microbiologist, and quality improvement professional}.
* The antimicrobial stewardship team commits to reporting to our Executive Board within 12 months on the progress of the team’s work.
* We are planning an in-service training (such as an educational event, public forum, webinar) during (identify month/year here) on the core concepts of antibiotic stewardship. This training will target {identify targeted staff here (for example, hospitalists, physician assistants, and nurse practitioners}.

Thank you very much for your consideration and we look forward to hearing from you regarding our application. Please contact us if you have any questions at {insert phone number} or via email {insert e-mail address}.

Our Executive Sponsor/Senior Leader is {insert name} and has agreed to fully support the stewardship team at {insert health care organization name}.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and signature of Senior Leadership)

{Insert Board Member name} has and has agreed to fully support the stewardship team and review our progress on a yearly basis for {insert health care organization name}.

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