



### GaPQC Enrollment Form

GaPQC Lead Coordinator	
Hospital	
Name/Title	
Phone	
Email	

Core Components (Required to participate)	Y	N
Is your hospital willing to participate in a baseline hospital survey?		
Is your hospital willing to submit data to DPH for GaPQC Initiatives?		

Core Team Members	Name/Title	Email	Phone
Physician Champion*			
Nurse Champion*			
QI Champion			
Data Champion			
Executive Champion			

\*Recommended at minimum

By signing below, I acknowledge my understanding of the goals and expectations of Georgia Perinatal Quality Collaborative, and commit to full participation in the mutually agreed upon initiative(s).

#### Physician Champion

Signed: \_\_\_\_\_

Email:

Name:

Date:

#### Nurse Champion

Signed: \_\_\_\_\_

Email:

Name:

Date:

#### Email your signed Enrollment Form to:

Grace Kang, RN  
Perinatal Quality Improvement Manager

[grace.kang@dph.ga.gov](mailto:grace.kang@dph.ga.gov)

Upon receipt, the GaPQC Lead Coordinator will be contacted to schedule an Intake Call.