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SHCC Member Profile Form

(Don't miss the Welcome Package Below)

Form Assistance

- **Re: Hospital Reps** - You must have at least 1 designated representative for contact purposes. You may also have up to 2 back up reps (2° and 3°) if desired. For each Rep, please provide their **title** or **position** and a preferred telephone number followed by a fax number (e.g., Tel: 124/013-4576, Fax: 124/013-4575)
- **Re: Primary Rep** - The first name entered into the form will be considered the primary representative for your facility and as such, the first point of contact for questions related to your hospital's services, sample policies/forms and survey experience. We recommend you consider your Survey Coordinator or PI Director for this role. Again, be sure to provide **title** or **position**, phone and fax numbers.
- **RE: CEO** - As a matter of courtesy, the CEO should always be identified and a separate field is provided for this. However, as a practical matter, the CEO may want to delegate the role of Primary Rep (see above). The CEO e-mail address/telephone will not be displayed and is for our administrative purposes only.
- **RE: CFO** - CFO information is primarily for billing purposes and/or financial questions that might arise. The CFO e-mail address/telephone will not be displayed and is for our administrative purposes only.
- **Re: Hospital Name (AAAA)** - Provide your hospital's official name and in parenthesis indicate an abbreviated version using no more than 5 capital letters. For example, Eastern Louisiana Mental Health System (ELMHS)
- **Re: # Beds** - Complete these boxes only if you have a dedicated program for the population indicated. Note: Adult is only for civil (vs forensic) adults. Do not count adults twice if you list them under a specialty program (e.g., forensic or geriatric).
- **Re: Dates** - Survey - Please indicate the inclusive dates of the last full or regular survey (e.g., 7/2- 7/6/07)
- **Re: Special Programs/Projects** - Describe any special initiatives, collaborations, research projects, pilots, etc. (E.g., Joint Commission Core Measures Pilot, NTAC Seclusion Reduction Initiative, Smoke-Free Campus)

* Required fields

Name *

E-mail Address *

Tel/Fax Numbers *

Name/Title (2° Rep)

E-mail (2° Rep)

Tel/Fax (2° Rep)

Name/Title (3° Rep)

E-mail (3° Rep)

Tel/Fax (3° Rep)

Chief Executive Officer
(CEO) *

CEO E-mail/Telephone *

Chief Financial Officer (CFO)
*

CFO E-mail/Telephone *

Hospital Name (AAAA) *

Jt Com Org ID#

Hospital Address *

Hosp Website

Beds - Adult (Civil only)

Beds - Child & Adol (Civil only)

Beds - Forensic

Beds - Geriatric

Beds - MR/DD

Beds - Sex Offender

Beds - Sub Abuse

Beds - Total (all Civil & For)

Beds - CMS Distinct

Units - Total

Staff - Total

Date Last Full Survey -TJC

Date Last Full Survey -CMS

Special Programs/Projects

First heard about SHCC from:

Reason for joining or other comment:

After every full survey (CMS or TJC) we will share our experience with the collaborative using the post survey questionnaire (PSQ) *

We will contribute at least one best practice policy, or form for online sharing/posting with other SHCC members each year.

We will participate in at least one online opinion e-Poll per year *

Thank you

PS: Please take advantage of our [Welcome Package](#)