

## Probo.CI



CEC\_HOSPITAL — no.3532653

## Partner Recognition - 2018: Statement of Accuracy and Release

## Statement of Accuracy and Release

## For the Primary Applicant:

1. I certify that the contents of this application are accurate and true to the best of my knowledge.

- ☒ Yes  
☐ No

1.a Name of Primary Applicant:

1.b Title of Primary Applicant:

1.c Email of Primary Applicant:

1.d Phone of Primary Applicant:

1.e Date certified by Primary Applicant:

**For Senior Leadership:** This sign off should be someone from the "C-suite" such as your CEO, President, or a vice president, such as VP of Operations or Support Services.

2. I certify that the contents of this application are accurate and true to the best of my knowledge.

- ☒ Yes

☐ No

**2.a** Name of Senior Leadership:

**2.b** Title of Senior Leadership:

**2.c** Date certified by Senior Leadership:

**3.** This **Award application**, or parts thereof, may be shared with other Practice Greenhealth members for educational purposes.

☒ Yes  
☐ No

**4.** The **attachments** provided with this application may be shared with other Practice Greenhealth members for educational purposes.

☒ Yes  
☐ No

### Award Notification

Please indicate the contact information for the **Primary Contact** who Practice Greenhealth might contact for data clarification or application specific questions:

**5.** First Name of Primary Contact

**6.** Last Name of Primary Contact

**7.** Title of Primary Contact

**8.** Email of Primary Contact

**9.** Phone of Primary Contact

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Please indicate the contact information where the **email award notification** should be sent. This notification will be sent earlier than the physical award letter notification. Please verify the email address is correct.

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**10.** First Name for email notification

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**11.** Last Name for email notification

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**12.** Title for email notification

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**13.** Email for email notification

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**14.** Phone for email notification

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Please indicate the contact information where the **hard copy award letter notification and plaque** should be sent. Typically this award notification is mailed to a member of the organization's senior leadership.

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**15.** Prefix

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**16.** First Name

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**17.** Last Name

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**18.** Title

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**19.** Organization Name

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**20.** Mailing Address Line 1

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**21.** Mailing Address Line 2

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**22.** City

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**23.** State:

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**24.** Zip Code

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**25.** Email

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**26.** Phone

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**27.** Please write the **name of the facility** exactly as it should be listed on any award plaques, certificates, or for any marketing and communications purposes.

## Photographs

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**28.** Please attach a **single photograph** to be used in the **Awards ceremony** at CleanMed. The photo represents your facility and may also be used in Practice Greenhealth publications, such as the GreenHealth magazine. Please attach something interesting that tells us about your program (for example: your green team, an innovative sustainability project, action shots, your Farmers Market, Earth Day booths, etc).

Please name your file using the following syntax: Facility Name\_Health System (if any)\_description of photo\_year taken (E.g., Stan's Hospital\_My Health System\_green roof\_2017).

**29.** You may also provide any additional relevant photographs or files by attaching them here.

**30.** (Second optional relevant photograph or file)

## Feedback

Please provide brief feedback on the Award application system and/or a particular application. This section is completely optional.

**31.** How would you rate the **overall user experience** with the electronic application system?

- ☒ Excellent
- ☐ Above average
- ☐ Average
- ☐ below Average
- ☐ Unsatisfactory

**32.** What I liked **best** about the Environmental Excellence Awards system:

**33.** What I would like to see **improved** for next year:

**34.** Would you like to offer feedback on a particular Award application?

- ☒ Yes
- ☐ No

**34.a** I would like to comment on:

- ☐ Partner Recognition
- ☐ Partner for Change
- ☐ Making Medicine Mercury Free
- ☐ DEHP-Free
- ☐ Greening the OR
- ☐ System for Change
- ☐ Champion for Change

**34.b** Comments:

**35.** Please provide any feedback about additional reporting capabilities or performance measurement needs your facility may have:

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**36.** Other comments: