



■ Healthcentric Advisors ■ Qlarant  
 ■ Kentucky Hospital Association  
 ■ Q3 Health Innovation Partners  
 ■ Superior Health Quality Alliance

**HQIC**  
 Hospital Quality Improvement Contractors  
 CENTERS FOR MEDICARE & MEDICAID SERVICES  
 IQUALITY IMPROVEMENT & INNOVATION GROUP

## IPRO HQIC Quality Improvement 101 Course Commitment of Participation Letter

Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

On behalf of \_\_\_\_\_ Hospital, I am acknowledging our commitment and support to staff interested in participating in the IPRO HQIC six-week Quality Improvement 101 Course. To maximize their learning and training journey, we are committed to scheduling staff of at least two-hours per week of time for participation and completion of course related assignments.

I, \_\_\_\_\_, am acknowledging my interest to participate in the IPRO HQIC six-week QI 101 Course and my intent to complete course related work within the time allocated by my supervisor. This includes my commitment to engaging in collaborative learning, weekly training and coaching activities, and to leveraging and applying new skills to my everyday work.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Optional: Supervisor Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PLEASE NOTE:**

**Please return this letter to your quality improvement advisor after your first coaching call.**