

Signature Sheet
for Policy and Procedure Approval

Procedure Title:

_____ Date _____

Process Owner

_____ Date _____

Director

_____ Date _____

Policy and Procedure Committee

_____ Date _____

Administrator

_____ Date _____

Medical Director

_____ Date _____

Executive Director

_____ Date _____

Process Owner

_____ Date _____

Web Interface Person

POLICY AND PROCEDURE/FORM CHECKLIST

Procedure Title: _____

COMPLETE THE FOLLOWING STEPS: (Fill out this checklist completely)

Requestor _____

Phone #: _____ Room Number: _____

Subject Matter Expert (SME) (if different from above): _____

SME Phone #: _____ SME Room Number: _____

Is this Procedure?: To be deleted, specify: _____

New
(Attach supporting documentation)

Replacement
(Attach supporting documentation to be replaced)

Review, no revision

Revision
(Attach copy of procedure to be revised)

ITEMS BELOW MUST BE COMPLETED AFTER RECEIPT OF DRAFT

Related Standards. Check all that apply and give reference number if known. (Example NC 3.2.1)

Medicare: _____ UT: _____ Other: _____

JCAHO: _____ Sentinel Event Alert #: _____

Justification for change: (Describe what the new procedure/revision is, who initiated it, and why it was initiated.)

List Departments affected by this procedure. list which Committees must approve of changes, if applicable.

List Departments Affected

List Committees for Review

_____ Date Approved: _____ _____ Date Approved: _____

_____ Date Approved: _____ _____ Date Approved: _____

_____ Date Approved: _____ _____ Date Approved: _____

Have Departments/Committees affected been consulted?

Yes Not Applicable

_____ Date _____

Requestor's Signature