



BSI

2429 Hyde Park Road
Jefferson City, MO 65109



**STOP BSI COLLABORATIVE
GREATER KANSAS CITY AND NORTHWEST MISSOURI**

COMMITMENT FORM

On behalf of (print hospital name) _____, we would like to be included as a participant in the STOP BSI Collaborative for Greater Kansas City and Northwest Missouri

Our hospital contact for this collaborative will be:

Name/Position _____

Address _____

Phone Number _____

Fax _____

Email _____

Signed,

CEO/Administrator Signature

Date

In order to be included in MCE and MOCPS's public announcement of **participating hospitals**, **please complete and return this form by July 31, 2009.**

Mail, Fax or Email this completed form by July 31, 2009 to:

**Missouri Center for Patient Safety
Attn: Kimberly O'Brien
2429 Hyde Park Road
Jefferson City, MO 65109
Fax: (573) 636-8608
kobrien@mocps.org**