



CALIFORNIA ASSOCIATION OF
PUBLIC HOSPITALS AND HEALTH SYSTEMS



2006 MANAGEMENT EXCELLENCE AWARDS
APPLICATION COVER SHEET/CEO or DESIGNEE APPROVAL FORM

Title of Program/Entry:

CAPH member institution:

Contact person:

Title/job description:

Phone number:

Email:

Entry Categories (OK to check more than one; multiple entries OK)

Process Improvement

Clinical Quality Improvement

Improvements in Chronic Disease Management

Addressing Health Care Disparities

MEA APPLICATION CHECKLIST (Applications due Sept. 22)

- 1) **Application Cover Sheet/CEO or Designee Approval Form (live link)**
- 2) **Program Summary (*No form, please attach*)**
- 3) **Program Description Form (live link to sub-page)**
- 4) **Quality Improvement Collaborative Form (If applicable) (live link to sub-page)**
- 5) **Supplemental Materials (Optional)**

CEO or Designee:

Please sign below to indicate your approval of submission of this entry.

I certify that this entry has been reviewed and approved by hospital/health system administration.

Name/title: _____

Signature: _____ Date: _____