



Application Form

Deadline: November 15, 2023

Organization: _____

Name of contact person: _____

Title/position of contact person: _____

Address of organization: _____

Contact person e-mail: _____

Contact person phone number: _____

Title of Solution: _____

Focus Area: *(please check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Falls | <input type="checkbox"/> Patient Assessment |
| <input type="checkbox"/> Competency Assessment | <input type="checkbox"/> Hand Hygiene | <input type="checkbox"/> Patient/Family Involvement |
| <input type="checkbox"/> Core Measure | <input type="checkbox"/> Infection Prevention | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Crisis Prevention | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Pressure Ulcer |
| <input type="checkbox"/> Culture | <input type="checkbox"/> ICU | <input type="checkbox"/> Process Redesign |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Surgical Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Lean | <input type="checkbox"/> Team Work |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Maternal Child Health | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Event Reporting | <input type="checkbox"/> Medication Safety | _____ |

Please indicate:

- Maryland Patient Safety Center may share this submission on our website.
- Maryland Patient Safety Center may NOT share this submission on our website.

Please complete this Application form and submission, including all attachments and email to:
MPSC.Awards@marylandpatientsafety.org no later than **November 15, 2023**.

See Submission Guidelines for required application format.