

MEMBERS ONLY!

# AHCA / NCAL BRONZE QUALITY AWARD VIRTUAL WORKSHOP

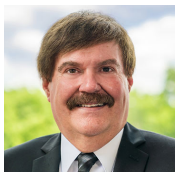
NOVEMBER 16, 2021 • 9 AM - 12 PM

## LEARNING OBJECTIVES:

- Develop a Solid First Draft of a Bronze Application
- Gain Knowledge on the AHCA / NCAL Bronze National Quality Award Application Process
- Understand the Technical Requirements of the Application Process and Re-Certification Policy of the Awards Program
- Review Important Dates and Deadlines
- Review and Learn the Bronze National Quality Award Criteria

## THE WORKSHOP AGENDA WILL INCLUDE:

- Introductions and Summary of Bronze Application Process
- Technical Requirements Review
- New Re-Certification Policy
- Bronze Criteria Review and Writing Responses:
  - Organizational Environment
  - Organizational Relationships
  - Competitive Environment
  - Strategic Context
  - Performance Improvement System



## INSTRUCTOR:

**RICK PATTERSON, BS** (retired from NYSHFA | NYSCAL)

*Rick has been involved in the AHCA / NCAL National Quality Awards Program since 2009 and serves as a Senior Examiner and Team Leader / Multi-Team Leader*



**WORKSHOP FEE: \$225.00 per facility**  
**APPLICATIONS DUE: NOV 12, 2021**

**MEMBERS ONLY!**

**FACILITY INFORMATION**

Type:  AL  SNF

Facility: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**1** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

**2** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

**3** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

**4** Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

**TOTAL REGISTRATION FEE:** \_\_\_\_\_

<b>METHOD OF PAYMENT*</b> <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Credit Card Number: _____	Exp. Date: _____
	Cardholder Name: _____	
<input type="checkbox"/> Pay by Check <b>MAIL CHECK PAYMENT TO:</b> Foundation for Quality Care Attn: Joanne O'Connor 33 Elk Street, Suite 300, Albany, NY 12207	Billing Address: _____	
	Authorized Cardholder Signature: _____	

*\* I authorize NYSHFA/NYSCAL/FQC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. Please note: payment will show on your credit card statement as coming from NYS Health Facilities Association.*

**CONFIRMATIONS:** Registrant confirmations will be e-mailed to primary contact listed above

**IF PAYING BY CREDIT CARD:** E-mail or FAX Application to Joanne O'Connor at: FAX 518-426-4051 or joconnor@nyshfa.org

**IF PAYING BY CHECK:** Mail Application and Check to: Joanne O'Connor, Foundation for Quality Care, 33 Elk Street, Suite 300, Albany, NY

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