



Hospital Executive Quarterly Report

Please submit reports every three months by the following due dates (or business day immediately preceding if due date occurs on a weekend or holiday): March 31, June 30, September 30, December 31.

Reports can be submitted via scan and email to info@georgiaruralhealth.org or by mail to:

Georgia Rural Health Innovation Center, MUSM

Attn: Hospital Leadership Training

1501 Mercer University Dr., Macon, GA 31207

Hospital name: _____

Hospital address: _____

Name of representative completing report: _____

Title of representative completing report: _____

Phone number of hospital representative: _____

Email address of hospital representative: _____

Name of vendor that hospital will be working with: _____

Note: If you have not yet contracted with an approved vendor, please leave this question blank.

I certify that the information reflected in this form and the attached roster is accurate to the best of my knowledge.

Signature of Chief Executive Officer

Date

Signature of Board Chairperson

Date

On the following page, provide a full roster of current CEO, CFO, Board Members, and Hospital Authority Members who are required to complete the training per HB 769. If you are expanding the training to include additional members of your staff, please list them with an * next to their name.

Name	Title (CEO, CFO, Board, Hospital Authority, etc.)	Training Status: A: Completed-Full B: Completed-PreReq Only C: Completed Partial (include what portions) D: Not Yet Begun	Date of Successful Training Completion, if applicable

Please repeat this page as needed to include complete roster.