



Leadership declaration and participation consent

I hereby certify that we are willingly participating in the Medicare Quality and Patient Safety Awards in association with the Patient Safety Conference.

The information shared in the award application is true and correct.

We have read the guidelines and we agree to the terms and conditions.

We have been made aware that there are no financial commitments made as a part of this appreciation.

Name of the organization:

Project Name:

Category:

Name of CEO

Contact number of CEO

Email Address of CEO

Signature of CEO

(Few organizations may have the highest authority under a different formal designation. Kindly make sure the form is signed by the highest authority responsible for the organizational approvals.)

Date: