

# INTERDISCIPLINARY COMMITMENT DECLARATION

(For Healthcare Organizations and Professional Organizations/Group Collaboratives)

The signatures below represent individuals who have played a substantial role in the initiative/project hereby being submitted for an ISMP CHEERS AWARD consideration. These individuals would be available to talk to ISMP staff or award committee members about their involvement in the projects or programs initiated should the award panel need clarification on points of interest.

**Print Name:** \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Print this page, obtain signatures, and submit by the nomination deadline.**