

5200 Butler Pike | Plymouth Meeting, PA 19462 215.947.7797 | www.ismp.org

Just Culture Leadership Declaration	
Names (of Team Member Applicants:
Name a	nd Address of the Organization
Chief Ex	owing declaration should be read and signed by at least one executive (e.g., President kecutive Officer, Chief Operating Officer, Vice President, Provost/Dean of Faculty) who eadership role in the team's current place of employment.
annual J and con accurate virtually available	wledge that the individuals listed above are applying as a team of three applicants for the Judy Smetzer Just Culture Champion Scholarship . I have reviewed the application materials afirmed that the information is factual, and the description of the team as presented is e. I understand that the scholarship award (Paid tuition for a team of three individuals to attend a Just Culture Certification program) will be announced later this year and be the for use during the following calendar year, during specific dates and times offered by The ture Company.
•	der of this organization, I confirm that: Our organization has prioritized patient safety and decided to adopt the Just Culture model of accountability. This team of individuals will be provided with the necessary time to attend the Just Culture certification course associated with the scholarship. Upon completion of the course, this team is expected to advocate for Just Culture implementation within our organization. Our leadership team will support these Just Culture champions as they lead any necessary changes in the organizational culture, particularly related to human behaviors associated with risk and medical errors, the investigation of events, organizational disciplinary policies, and system design strategies.

Please submit this signed Just Culture Leadership Declaration by the application deadline. Email spaparella@ismp.org

Print Name and Title _____

Signature ______ Date _____