

Please have each team member individually review and sign their own declaration.

Just Culture Team Member Declaration

Name of Team Member _____

Name and Address of the Organization

By placing my signature below, I acknowledge that I am applying as part of a 3-member dedicated team for the annual ***Judy Smetzer Just Culture Champion Scholarship*** award. I have participated in preparing the application materials and validate that the information is factual, including the description of the entire team. I understand that the scholarship (Paid tuition for each member of the team to virtually attend a Just Culture Certification program) will be available for use during the following calendar year in which it is awarded, during specific dates and times offered by The Just Culture Company.

As a member of this team, I confirm that:

- Our organization has prioritized patient safety and decided to adopt the *Just Culture* model of accountability
- I will dedicate the necessary time to attend and complete the Just Culture certification course associated with the scholarship.
- Upon completion of the course, I will, as part of this team, advocate for, and assist in Just Culture implementation within our organization.
- I am fluent in reading and writing English (Language used to teach the course)
- I have at least five years of full-time experience in healthcare (excluding residencies, internships and other training programs)
- I am not a prior recipient of this award
- I have not previously been certified in Just Culture by the Just Culture Company
- I am not an employee or direct relative of ECRI/ISMP or Just Culture staff member
- I have provided my current resume

Signature _____ Date _____

Please submit this signed Just Culture Team Member Declaration by the application deadline.

Email spaparella@ismp.org