



**NADONA Antibiotic Stewardship
Best Practice
National Program Award Application**

Graciously Sponsored by:



Demographic Information:

Applicant Name:

Applicant Facility:

Corporation Ownership (if applicable):

Address:

City:

State:

Zip:

Website:

Office Phone:

Fax:

Email:

Facility Description:

Facility Type:

Skilled Nursing Facility
Rehabilitation
Memory Care
Assisted Living
Other:

Year that the Antibiotic Stewardship Program was Established:

Member of the Antibiotic Stewardship Program Team:

Number of Residents within the Facility:

Specialty Areas of the Facility:

Wound Care
Ventilator Care
Memory Care
Rehabilitation
Other:

Describe the facility Antibiotic Stewardship Program in detail including evidence of executive leadership support, resident satisfaction, antibiogram reports showing improvement of prescribing behaviors and practices, and other supporting clinical data and support. Please DO NOT include any personal health information in your submission.

Interprofessional Collaboration Support:

In the following section, please describe in detail why you feel that your program deserves special recognition. In your responses, please include any pertinent policy and practice changes, accountability measures, staff training caveats, samples of educational materials, and data supporting improved clinical outcomes. Please DO NOT include any personal health information in your responses.

Antibiotic Stewardship Leader Statement of Support:

Administrator Statement of Support:

Medical Director Statement of Support:

Director of Nursing Statement of Support:

Infection Preventionist Statement of Support:

Please include any supporting documentation for consideration by the Awards Committee with your submission electronically to info@nadona.org.

By affixing your signatures below, you attest that all information contained within this application is accurate, truthful, and complete at the time of submission.

Signature of Administrator

Signature of Medical Director

Signature of Antibiotic Stewardship Program Leader

Signature of Director of Nursing

Signature of Infection Preventionist