

Inform, Implement, Immunize: ACP's Adult Immunization Outreach Program (I3)

A project of the American College of Physicians (ACP) and the Center for Disease Control and Prevention (CDC)

Letter of Agreement

Practice Name: _____

Contact Name: _____ Phone: _____

Our practice would like to participate in I³. We understand that commitment to this project includes the following terms:

1. Identifying a team including, one physician, one nurse and one office administrator.

1a. Please list the names and credentials of your team leaders.

2. Conducting a chart audit of 35 of our patients aged 50 and older three times during the 9 month program using a simple chart abstraction form provided by ACP. No patient identifiers will be collected.

3. Enlisting the support/endorsement of the practice's Medical Administrator.

4. Attending one training session on how implement quality improvement principles in Philadelphia, PA.

5. Implement a quality improvement plan and give feedback to investigators.

Signature (*Practice Representative*): _____ Date: _____

**Please fax completed letter to:
Lia Verbonitz
Grant Coordinator**

Fax Number: 215-351-2594