

# QUALITY IMPROVEMENT (QI) IN CLINICS PROGRAM SPONSOR FORM

## Program Sponsor Agreement

The program sponsor is a key role for participants' program success. In agreeing to be a program sponsor, you are committing to the following expectations:

- Remove barriers to support full program involvement. The sponsor must actively work to remove barriers that could limit the participants' full completion of the program requirements. This includes holding dedicated time for participants to attend all program's workshops and coaching sessions; to review program's online content; and to perform project work..
- Attend the Capstone workshop. Sponsors are required to attend the Capstone workshop.

## Review & Check-off Each Statement

I understand that participants will need to be free from official duties while attending QI in Clinics program activities. This includes video/phone calls, emails, online training, and project activities.

I understand that the participants' workload may need to be adjusted to accommodate the program.

Program Sponsor Name

Program Sponsor Title

Program Sponsor Email

Phone Number

Will your clinic be providing Worker's Compensation Benefits to participants during their participation in this program?

Yes

No

WCB Number:

Will you be providing compensation (regular salary) to team members during the time they spend working on this program (workshops, online learning, coaching, and project work)?

Yes

No

I agree that, if accepted into the program, my name, organization name, organization logo, and images of myself can be used in promotional materials on the Saskatchewan Health Quality Council website, social media posts, and any other promotional/educational materials.

I agree.

Program Sponsor Signature