

**California Perinatal Quality Care Collaborative (CPQCC)
& Vermont Oxford Network (VON)
2008 Contact Information Form**

Please indicate the contact who will serve as team leader by checking the Team Leader Checkbox. This person accepts ultimate responsibility in leading and coordinating CPQCC and VON activities at your hospital. There can only be one Team Leader.

Please also update any out of date contact information, and fax this form to **CPQCC Corporate Office at 650-723-2829**.

**Please provide an e-mail address for each team member, as e-mail is the preferred method of communication.*

**Team Leader
Checkbox**

Report Contact: *(Report Recipient)*

Name/Title:

Department:

Address:

City, State, Zip:

Phone:

Fax:

Have access to Email? Yes No *Email address:

Data Contact: *(Responsible for filling out data forms and receiving Quality Control reports)*

Name/Title:

Department:

Address:

City, State, Zip:

Phone:

Fax:

Have access to Email? Yes No *Email address:

Administrative Contact: *(Responsible for Financial and membership Agreement information)*

Name/Title:

Department:

Address:

City, State, Zip:

Phone:

Fax:

Have access to Email? Yes No *Email address:

Neonatologist: *(NICU Director or designee)*

Name/Title:

Department:

Address:

City, State, Zip:

Phone:

Fax:

Have access to Email? Yes No *Email address:

Clinical Nurse Specialist/Nursing Educator *(Responsible for Quality Improvement and/or nursing education in your NICU)*

Name/Title:

Department:

Address:

City, State, Zip:

Phone:

Fax:

Have access to Email? Yes No *Email address:

***Sign and Date:** _____

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Web Services Administrator - 1 *(Responsible managing access to Vermont Oxford sites)*

Name/Title:
Department:
Address:
City, State, Zip:
Phone:
Fax:
Have access to Email? Yes No *Email address:

Web Services Administrator - 2 *(Responsible managing access to Vermont Oxford sites)*

Name/Title:
Department:
Address:
City, State, Zip:
Phone:
Fax:
Have access to Email? Yes No *Email address:

Web Services Administrator - 3 *(Responsible managing access to Vermont Oxford sites)*

Name/Title:
Department:
Address:
City, State, Zip:
Phone:
Fax:
Have access to Email? Yes No *Email address:

Web Services Administrator - 4 *(Responsible managing access to Vermont Oxford sites)*

Name/Title:
Department:
Address:
City, State, Zip:
Phone:
Fax:
Have access to Email? Yes No *Email address:

***Sign and Date:** _____