(Template for Level 2 Statement of Commitment to be put on facility header and submitted along with all appropriate documentation illustrating your stewardship program meets the requirements outlined in the [requirements document](https://epi.dph.ncdhhs.gov/cd/antibiotics/Requirements%20for%20Star%20Partner%20Hospitals%202018.pdf))

Dear NC SHARPPS Program,

We, {your facility name here}, are applying to be Level 2 Antibiotic Stewardship STAR Partner Facility. We agree to the following statements as given below:

* We have met all requirements detailed in Stewardship Commitment & Level 1.
* We have a stewardship team with a physician and pharmacist leader as well as membership from all other CDC identified key support groups: infection preventionists {position title(s) and role(s) here}, nursing {position title(s) and role(s) here}, IT {position title(s) and role(s) here} and the microbiology lab {position title(s) and role(s) here}. The team is engaged actively in antimicrobial resistance surveillance and stewardship efforts.
* We have implemented at least 5 stewardship interventions (At least 3 active and 2 passive interventions).
* We have conducted at least one antimicrobial resistance and antibiotic stewardship related educational activity in the past 12 months with plans to continue antimicrobial resistance and stewardship related educational activities at least annually. Our most recent activity was a {insert activity type here – live or online training/live or online presentations or lectures/guideline or curriculum development and dissemination/public forum/setting of periodic email messages/other specify} conducted in {approximate month and year} targeting {specify target audience for the activity – physicians, nurses, pharmacists, students etc.}. Our goals to enhance educational activities for the next 12 months are {please explain goals in less than 50 words}
* We certify that all other requirements for Level 2, Advanced, STAR Partner status, as outlined in the [Checklist for STAR Partners](https://epi.dph.ncdhhs.gov/cd/antibiotics/Checklist%20for%20Star%20Partners%202018.pdf) and [Requirements for STAR Partners](https://epi.dph.ncdhhs.gov/cd/antibiotics/Requirements%20for%20Star%20Partner%20Hospitals%202018.pdf) documents have been met by our facility.
* We agree to participate in the antimicrobial resistance surveillance and antibiotic stewardship related annual survey sent by Division of Public Health.
* We agree to our facility name being displayed on Division of Public Health’s website along with its antibiotic stewardship achievements and STAR Partner level status.

We {would/would not} like to apply for any available opportunities for mentorship from a Stewardship Champion facility in North Carolina. {If you would not like to apply for available mentorship opportunities because you are already part of a mentorship program/relationship please list that program or facility here}

We {would/would not} be interested in partnering with the State Public Health Laboratory for sending Carbapenem-resistant Enterobacteriaceae isolates for resistance mechanism testing.

Thank you for your consideration. We look forward to hearing from you regarding our application and receiving our Level 2 STAR Partner certificate. Please contact {specify name of contact} for any questions at {insert phone number} or via email at {insert email address}.

Best regards,

{Name and signature of senior leadership}

{Name and signature of board member}

{facility name and address}