(Template Stewardship Commitment entry level 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 Division of Public Health SHARPPS Program,

We, {your facility name here}, are applying for the Stewardship Commitment entry level in the STAR Partner program. As part of this partnership, we agree to the following statements:

* Senior leadership at our facility is committed to optimizing antibiotic use and supporting antibiotic stewardship activities.
* We have identified a physician leader {insert position title} and clinical pharmacist leader {insert position title} for our stewardship program responsible for outcomes. The team will meet at least quarterly. {if applicable} Other individual team members include: {identify other members of the team by position title and role here}.
* At the end of the first year, the antibiotic stewardship team commits to submit a written progress report to the hospital leadership.
* An antibiotic stewardship related educational activity will be planned by our facility within twelve months and stewardship related educational activities will recur as needed. The initial activity will be 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}. This activity will be conducted in {approximate month and year} and will target {specify target audience for the activity – physicians, nurses, pharmacists, students etc.}
* We certify that all other requirements for Stewardship Commitment 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 the NC DPH SHARPPS Program.

We {would/would not} like to apply for any available opportunities for mentorship from STAR Partner facilities 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. 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}