**Appendix A: Practice Cover Letter Template**

*For multisite practices choosing to apply for multiple locations where quality improvement teams will differ, please provide the below letter for each site.*

To: RI MomsPRN Selection Committee

From: Insert Practice Leadership Representative

RE: RI MomsPRN Perinatal Behavioral Health Learning Collaborative

Date: Insert

On behalf of (insert practice name) and as an organizational leader representative, I can attest that the following staff members accept the conditions stated in the application for the RI MomsPRN Perinatal Behavioral Health Learning Collaborative. If awarded, they are committed to achieving the objectives of this initiative including clinical participation in quarterly meetings and relevant peer learning sessions.

|  |
| --- |
| Practice Name: |
| Address, include zip: |
| Phone: |

**Quality improvement team**: Including provider, nurse care manager, behavioral health clinician, practice manager, social worker, medical assistant, IT support staff member, as applicable:

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Email** |
| Key contact person responsible for project implementation |  |  |
| Provider champion |  |  |
| Practice manager |  |  |
| Behavioral health clinician |  |  |
| Social worker |  |  |
| Medical assistant |  |  |
| IT support staff member |  |  |
| Other |  |  |
| **Phone number of provider champion:** | | |
| **Phone number of key contact person:** | | |

Letter digitally signed by practice leadership representative and all quality improvement team members:

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  |   Practice Leadership Representative Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |
| |  | | --- | |  |   Quality Improvement Team Member Date | |  | | --- | |  |   Quality Improvement Team Member Date |