**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: CTC-RI Pediatric Weight Management Selection Committee members

From: (Insert Practice Leadership Representative)

RE: 2022 Pediatric Weight Management ECHO and Quality Improvement Initiative

Date:

On behalf of (insert practice name), please accept the following practice cover letter for the 2022 Pediatric Weight Management ECHO and Quality Improvement Initiative. As an organizational leader representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative including clinical participation in the monthly and relevant ECHO and Quality Improvement meetings.

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

 **Quality improvement team**, including providers, 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 (if applicable) |  |  |
| 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:

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Practice Leadership Representative Date |

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Quality Improvement Team Member Date |
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Quality Improvement Team Member Date |

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