(Template for Level 1 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 to be a Level 1, Beginner, Antibiotic Stewardship STAR Partner Facility. As part of this partnership, we agree to the following statements :

* We have met all requirements detailed for Stewardship Commitment status
* We have identified an antibiotic stewardship team with a physician leader {insert position title} and clinical pharmacist leader {insert position title} 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}.
* We have implemented at least 2 stewardship interventions (At least one active and one passive intervention).
* Antibiotic stewardship related educational activities will continue to be planned by our facility at least annually. The next planned 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 Level 1, Beginner, 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 agree to have our facility name displayed on the NC 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 other 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 and receiving our Level 1 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}