

Maternal Facility Surveyor Application

Name & Credentials: _____

Address: _____

Cell Number: _____ Office Number: _____

Professional email address: _____

Personal email address: _____

Employment Affiliation(s): _____

Title(s): _____

Designation Level of Primary Employment Facility: _____

Describe your experience and involvement in the preparation for and successful completion of maternal facility verification/designation and/or accreditation survey(s):

Describe your involvement in the QAPI/PIPS process at your facility:

Describe your qualifications, leadership involvement and personal strengths that qualify you to become a surveyor:

I am currently an active member of the following professional organizations:

Please attach the following with submission of application:

1. Copies of any applicable certifications
2. Three professional experience references, specifically in maternal care
3. Curriculum vitae or resume

Signature _____ Date _____

Please submit the completed application packet electronically to:

jphillips@tetaf.org

**Thank you for your interest in becoming a surveyor with
TETAF's Texas Perinatal Services program**