

## Neonatal 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 neonatal 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 current documentation of NRP status and any other applicable certifications
2. Three professional experience references, specifically in neonatal care
3. Curriculum vitae or resume

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the completed application packet electronically to:

[jphillips@tetaf.org](mailto:jphillips@tetaf.org)

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