

Council on Quality Improvement & Patient Safety (COQIPS)

DISCLOSURE STATEMENT

Instructions to those interested in joining the Council on Quality Improvement & Patient Safety as a Council Affiliate Member:

Those interested in joining the Council on Quality Improvement & Patient Safety as a Council Affiliate Member must complete this form. Please fax or scan and send the signed form to 847-228-7035, or membershipapplication@aap.org.

If you have any questions regarding completion of this form or your eligibility, please contact the Council on Quality Improvement & Patient Safety staff at cguch@aap.org.

- I agree to provide a fair perspective to how the council can advance the council mission, vision, and values and support members and affiliate members in improving care for children across the nation.**
- I agree to conform, in general, to the policies, mission, vision and values of the American Academy of Pediatrics.**
- I agree to follow and conform to council bylaws.**
- I understand that Council Affiliate members are members of the Council on Quality Improvement & Patient Safety and not the American Academy of Pediatrics. As such, Council Affiliate Members cannot represent themselves as members of the AAP.**

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____