



The National Institute for Jewish Hospice

800.446.4448 www.nijh.org



Accreditation Application - Conference 2015
November 19, 2015 - Renaissance Hotel - Newark International Airport

Name of Organization _____

Location _____

→ Please note; Each location (city or geographical area) must be accredited separately

For A One Year Accreditation From The
National Institute for Jewish Hospice
The Following Guidelines Must Be Met By The Hospice:

1. Specialized, in-depth training will be provided for health professionals, clergy, administrators and volunteers, explaining the goals of Jewish hospice, **including participation by a team from the hospice at the annual Accreditation Conference.**
2. All staff, and especially new professionals and volunteers, must be familiar with the booklets, tapes, and guidelines, published by NIJH, through the materials provided by NIJH.
3. Agreement to abide by the Religious Halakhic (Jewish law) decisions of the Rabbi selected by the family of the patient. If the family wishes a rabbinic decisor, but such a person is not available, the Hospice should consult NIJH.
4. At no time, should a patient be compelled to violate Federal and State Law, or his personal religious requirements. This refers especially to the requirement of signing a DNR document.
5. The patient should be offered the Living Will-Durable Power of Attorney document provided by NIJH or other similar documents by a Jewish organization that is approved by the patient.
6. At no time is any patient to be given Halakhic (Jewish law) advice or rabbinic suggestions without prior confirmation; and at no time shall any Jewish patient be cajoled or persuaded to do that which he does not desire to do.
7. The Hospice must submit a Publicity Statement and photos to local papers about their accreditation by NIJH immediately upon receiving accreditation. NIJH will provide an Accreditation logo and written material for this publicity.
8. NIJH Religious Guidelines may be modified during the course of time, and we will notify your Hospice at once.
9. NIJH can terminate a Hospice's accreditation and remove its name from our website, if it does not follow these NIJH guidelines.
10. The Hospice must agree to all the above, sign this agreement, and submit this to NIJH before the accreditation process is begun.

CONFERENCE ATTENDEES

NIJH requires that a team from each hospice attends the conference. Having people from different departments, including management, greatly enhances the diffusion of knowledge throughout the organization.

Names of Attendees (Please **PRINT**)

1. _____ Title _____

Email _____

2. _____ Title _____

Email _____

3. _____ Title _____

Email _____

4. _____ Title _____

Email _____

HOSPICE WEB LISTING INFORMATION

Your hospice will be listed on our website as an accredited NIJH Hospice.
This information is exactly how your hospice will be listed on our website.

(Please **PRINT**)

Name of Organization _____

Geographical Area Served _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax _____

Email /General Info _____

Contact Person for Referrals _____

Title of Contact Person _____

Contact Person Direct Telephone _____

Contact Person Email _____

FEES

Please check the correct boxes below:

- We are accrediting with NIJH for the first time. I have enclosed:
 - The \$2700 fee for accreditation and \$160.00 per person attending the conference.
 - Early Bird Special (by June 30, 2015) of \$2500 fee for accreditation & \$160.00 per person
- We are happy to be re-accrediting with NIJH. I have enclosed:
 - The \$1700 fee for re-accreditation and \$160.00 per person attending the conference.
 - Early Bird Special I (by June 30, 2015) of \$1500 fee for accreditation and \$160.00 per person

TOTAL FEES \$ _____ Check Number _____

OFFICERS

Please list the names of your chief officers (Please **PRINT**)

1. _____ Title _____
 Email _____
2. _____ Title _____
 Email _____
3. _____ Title _____
 Email _____

Name (of person filling out this form) _____ Title _____

Email _____ Phone _____



Name of Officer _____ Title _____

Signature _____ Date _____

This application must be signed by an officer of the hospice and returned with total payment of the fee (including Attendees Fees) to; NIJH, 732 University St., North Woodmere, NY 11581 (Checks should be made payable to NIJH)