



The National Institute for Jewish Hospice

800.446.4448 www.nijh.org

Accreditation Application - Conference 2017

November 30, 2017 - 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. Training with the NIJH Training CD will be provided for health professionals, clergy, administrators and volunteers, explaining the goals of Jewish hospice (see page 2 for our new policy).
2. A team (minimum of two people per hospice; 1 clergy, and/or 1 social worker or nurse, and/or 1 administrator, etc.) from your hospice is required to attend the annual Accreditation Conference.
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. 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.
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 or family 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. The Hospice must submit a Publicity Statement and photos to local papers regarding their accreditation by NIJH immediately upon receiving accreditation at the Conference. NIJH will provide an Accreditation logo and written material for this publicity.
7. NIJH can terminate a Hospice's accreditation and remove its name from our website, if it does not follow these NIJH guidelines.
8. The Hospice must agree to all the above, sign this agreement, and submit this to NIJH before the accreditation process is begun.

NEW STAFF TRAINING POLICY:

We have always required staff training for NIJH Accreditation. To strengthen that training component, we are implementing a new two-step process for Accreditation. We now require certifying that your staff has been educated with the NIJH Training CD.

The two-step process is as follows;

Step 1. Attending the Conference, at which your hospice will receive a provisional Accreditation *(and will be listed as such on our website)*

Step 2. Certify that your hospice has trained your staff, after which you will receive full Accreditation

The person in charge of Staff Education/Training will have to certify the training through one of the following three choices;

1. If your hospice uses an online training system, where staff must complete certain modules -

Your hospice has implemented the NIJH Training CD as part of the required Continuing Education for your staff.

OR

2. If your hospice holds scheduled-in-advance training sessions for staff with an annual schedule -

Your hospice has included training sessions using the NIJH Training CD, and attaches the training schedule.

OR

3. If your hospice holds training sessions throughout the year, without a annual schedule -

Your hospice has held training sessions using the NIJH Training CD.

We encourage all hospices to utilize Option One or Option Two and to send in the Certifying Statement **BEFORE** the Conference, so you can receive your full Certification at the Conference. The Certifying Statement will be sent to the person you identify as in charge of training.

Who is the person on charge of staff training at your hospice? (Please PRINT)

Name _____ Title _____

Email _____



By signing this document as an officer of the hospice, your hospice is agreeing to comply with all of the requirements of NIJH Accreditation as listed on page 1 and page 2.

Name of Officer _____ Title _____

Signature _____ Date _____

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. (Minimum of two people per hospice; 1 clergy, and/or 1 social worker or nurse, and/or 1 administrator, etc.) As Jewish clergy are already be trained in the Jewish tradition, we encourage you, if possible, to send non-Jewish clergy to be trained in the Jewish way.

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 _____

For Referrals: Name _____

Title _____

Phone _____

Email _____

FEES

Please check the correct boxes below:

1. We are accrediting with NIJH for the first time. I have enclosed:

- The \$2900 fee for accreditation & \$185.00 per person attending the conference.
- Early Bird Special II (by August 31, 2017) of \$2800 fee for accreditation & \$185.00 per person

2. We are happy to re-accredit with NIJH. I have enclosed:

- The \$1900 fee for re-accreditation & \$185.00 per person attending the conference.
- Early Bird Special II (by August 31, 2017) of \$1800 fee for accreditation & \$185.00 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 _____

Who is the person in charge of community outreach/business development?

Name _____ Title _____ Email _____



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

Email _____ Phone _____

This application must be signed by an officer of the hospice (on page 2) 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)