



The National Institute for Jewish Hospice
Providing Education, Resources
& Accreditation for Jewish Hospice
929.777.5564 www.nijh.org

40!
YEARS!

The NIJH 40th Accreditation Conference

November 19, 2025 – Welcome Reception 8:00pm – 10:00pm

November 20, 2025 – Full Day Program 8:00am – 5:30pm

Thank you for your interest in attaining the NIJH Accreditation. We look forward to partnering with you in caring for the Jewish terminally ill. joining the hundreds of hospices and thousands of hospice that we have accredited and trained over the past 40 years.

forward
You will be
professionals

INSTRUCTIONS

1. Fill out this application in its entirety. Please do not leave any spaces blank. The application must be signed by an officer of the hospice.

If you do not yet know who will be attending the conference (page 3), just mark it “To be Decided Later.” You must let us know who they are by Oct. 1.

2. If you are re-accrediting with NIJH, you should have already sent in your NIJH Training Certification 2024. If you have not, please send it in ASAP, as you cannot be reaccredited without it.

If you are a new hospice, please fill out the NIJH Training Certification 2025 (page 4).

3. Mail the completed application and payment (and the Training Certification) to:

NIJH – Rabbi Young
747 Cornaga Court
Far Rockaway, NY 11691

*Please note that we do not accept credit card payments.
For ACH instructions, email yyoung@nijh.org*



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Accreditation Agreement for 2026

Name of Organization _____

Location _____

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

**For Accreditation for the Year 2026 From The
National Institute for Jewish Hospice
The Following Guidelines Must Be Met By The Hospice:**

1. Your hospice will train all staff that interacts with the patient and/or the patient’s family (*nurses, social workers, chaplains, aides, etc.*) with the NIJH Video Training Program towards the beginning of the year. **Using the NIJH Video Training Program is required.** This training must be done annually for all staff, both veteran staff and new hires. This training for all new staff must be completed by Feb. 25, 2025. (*We will send you all the training materials by December 1, 2025, which gives you 3 months to complete this training.*)

This training will teach the staff about Jewish culture & religion, their impact on death & dying, Jewish medical ethics in hospice, and unique aspects of Jewish grief and mourning.

NIJH training also includes disseminating the NIJH Jewish Holiday Information sheets to your entire staff, when they are sent to you before each Jewish holiday.

2. A team (two or three people per hospice; clergy, and/or social worker or nurse, and/or administrator, etc.) from your hospice is required to attend the annual NIJH Accreditation Conference on Nov. 20, 2025.

3. Agreement to abide by the Religious Jewish law decisions of the Rabbi selected by the family of the patient. At no time is any patient to be given Jewish law advice or rabbinic suggestions without prior agreement.

4. At no time should a patient be cajoled or obliged to go against his personal religious beliefs and requirements. This refers especially to the signing of 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. NIJH will provide an NIJH Accredited certificate and list your hospice on our website.

7. NIJH will provide a “NIJH – A Marketing Template” & an accreditation logo to guide your PR efforts. The hospice must submit PR to local papers regarding their accreditation by NIJH.

8. NIJH can terminate a Hospice’s accreditation and remove its name from our website, if it does not follow these NIJH guidelines.

By signing this document as an officer of the hospice, your hospice agrees to comply with all of these requirements of NIJH Accreditation.

Name of Officer _____ Title _____

Signature _____ Date _____

OFFICERS *(This section must be filled out entirely)*

Please list the names of your chief officers

1. Name _____ Title _____

Email _____

2. Name _____ Title _____

Email _____

3. Name _____ Title _____

Email _____

4. To facilitate the required NIJH Training, who is the person in charge of this NIJH program, including video staff training, dissemination of holiday information, etc., at your hospice?

Name _____ Title _____

Email _____

5. To help your hospice with marketing your NIJH Accreditation, who is the person in charge of community outreach/business development?

Name _____ Title _____

Email _____

YOUR HOSPICE ON THE NIJH WEBSITE

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.

Name of Organization _____

Geographical Area Served _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax _____

Email _____

For Referrals: Name _____

Title _____

Phone _____ Email _____

Email _____

CONFERENCE ATTENDEES

NIJH requires that a team from your hospice attends the conference. Having people from different departments, including management, greatly enhances the diffusion of knowledge throughout the organization. As Jewish clergy are already trained in the Jewish tradition, we encourage you, if possible, to send non-Jewish clergy to be trained in the Jewish way. We also encourage you to the send the person you designated as in charge of the NIJH Training, as this will greatly facilitate that mission.

Names of Attendees (Please **PRINT**)

1. _____ Title _____

Email _____

2. _____ Title _____

Email _____

3. _____ Title _____

Email _____

4. _____ Title _____

Email _____

FEES

Please check the correct box below:

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

The \$3700 fee for accreditation & \$350 per person attending the conference.

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

The \$3300 fee for re-accreditation & \$350 per person attending the conference.

TOTAL FEES \$ _____ Check Number _____

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

Email _____ Phone _____



NIJH TRAINING INFORMATION 2026 For First-Time Accreditation Only

Name of Hospice _____

Location _____

Person filling out this survey _____

Email _____

Phone _____

Dear New Member of the NIJH Family,

One of the most important parts of the NIJH Accreditation concerns the training of all staff that interacts with the patient and/or family. Receiving NIJH Accreditation requires your staff to have this training towards early in the year, to be completed by February 25, 2026. We will send you all the training materials in early December 2025, so that you have 3 months to complete the training.

We will provide you with the NIJH Video Training program. For new hires, there are 4 videos, each about a half hour, and for previously trained staff there are 3 refresher videos, totaling about an hour. There are also quizzes to be used upon the completion of each video. You can use an electronic training system or any other method that you prefer.

When you complete the training of your staff, email to me the NIJH Training Certification that was sent to you with the NIJH Video Training program. Upon the receipt of that we will send you NIJH lapel pins for each trained staff member.

Sincerely,
Rabbi Young
Director of Education, NIJH

Please answer the following questions;

We plan to do our staff training in 2026 over the following time span _____

How many people in your hospice are required to be trained (*all those that interact with the patient and family – nurses, social workers, chaplains, aides, etc.*)? _____ *Please answer with a number*

Do you have a software training system (LMS)? Yes No

If yes, which one? _____

If yes, will you be using it for the NIJH training? Yes No

If you are not using an electronic training system, how will you train your staff with the NIJH Training Videos?

How will you track who attended the training?

How will you give the quiz at the end of each video?

Sign _____

Date _____

Print Name _____ Title _____