

EHAC Community Outreach - Hospital Participation Form

Please submit this form with your hospital logo in a high resolution jpg or eps format.

Contact Information

Hospital Name: _____

ACC Hospital Account Number: _____

Name: _____

Phone: _____ Extension: _____

Email: _____

EHAC Community Outreach Page

Hospital Name(s) as it should appear on the page: _____
(This will be in the description and the registration form)

HTML Links

Link 1: _____

Link 2: _____

Logo File Name: _____

Please submit your information to jcash@acc.org. By submitting this form to ACCF along with your logo, you are agreeing to use the EHAC outreach education. The EHAC outreach education is part of your ACCF Accreditation agreement. This outreach does not collect HIPPA, patient or confidential data.

If you have any questions, please contact Jenn Cash at jcash@acc.org.