



The NorthEast Cerebrovascular Consortium

54C Wayside Avenue • West Springfield, MA 01089 • (508) 656-2082 • www.thenecc.org

The NECC Sub Acute Pilot Project Participation Form

To participate in The NECC Sub Acute Pilot Project the following criteria must be met and verified by obtaining the appropriate hospital representative's signature from your institution.

Hospital Name: _____
(Please Print)

Address: _____
(Mailing Address) (City, State, ZIP)

Annual Ischemic Stroke Volume at your hospital: _____

How is stroke discharge education delivered to the patient and/or caregiver? (mark all that apply)

- Verbal face to face discussion Video
 Written Other: _____

The following individual will serve as The NECC Sub Acute Pilot Project Lead:

Name: _____

Title: _____

E-mail: _____

Phone Number: _____

The following 2 boxes MUST be checked in order for your hospital to participate in the project:

- I have read and understood The NECC Sub Acute Project Description and understand and agree to the terms under which the data will be used, including possible scientific publications and presentations.
- I understand and agree that our institution will be identified as a participating site in any scientific publications or presentations related to this Pilot Project.

I have authority to sign on behalf of my hospital.

Hospital Representative Printed Name

Title

Hospital Representative Signature

Date

Phone Number

E-mail Address

Please scan and email or fax this form to necc@heart.org or 413-827-9390 (fax)