SSH
Society for Simulation in Healthcare
ACCREDITATION

Accreditation Site Reviewer
Application and Submission Checklist

Applicant Name: _____

Applicant Email: _____

Activity	Date	Validation
Submit a Completed SSH Biosketch Be sure to include your degrees, licenses, simulation certifications, and any scholarship and professional development within simulation.		Submit with this application
Submit Personal Letter of Intent Please include why you are interested in becoming an accreditation site reviewer and why you feel you would be successful in the role. If you have any accreditation experience, include that as well.		Submit with this application
Submit Letter of Support Provide a letter of support from a professional reference who can speak to your ability to fulfill this role.		Submit with this application
Additional Information		
Current Job Role and Title		
Current Institution/Organization		
What Accreditation Type and Areas does your Institution have?		
How long have you been a part of an accredited institution?		
Describe your experience with completing accreditation documentation?		
Are you an Accreditation Reviewer for any other professional organization? If yes, please provide the name of the organization.		

Please List Any Simulation Organization Involvement			
Organization	Dates	Role	Committee/Group

By signing and submitting this application to be a SSH Accreditation Site Reviewer you are attesting that you have read and reviewed the SSH Accreditation Site Reviewer Roles and Responsibilities policy.

Signature: _____   **Date:**
_____

Office Use Only

Date Checklist Received: _____

All Activities Verified: YES   NO

Date Information Sent to Reviewer Sub-Committee for Review: _____

SSH Staff Initials: _____