



APPLICATION FOR
**AAFP Reimagining Ask and Act
Office Champions Project**

We appreciate your interest in applying for the AAFP's Reimagining Ask and Act Office Champions Project.
Please fill out the information below.

Applicant name: _____

Direct phone number: _____ Direct email: _____

AAFP Member Name _____ Member ID: _____

Please confirm that your practice is able to meet the following requirements for participation:

- Practice uses electronic health records
- Practice is able to modify/make changes to electronic health records
- Practice is able to pull data from electronic health records
- Practice sees youth/adolescent patients (ages 13-24)

Practice Type:

- Solo
- Physicians Group (single- or multi-disciplinary)
- University-owned clinic or hospital
- Private for-profit hospital or health system
- Private nonprofit hospital or health system
- FQHC

Practice name: _____

Practice address: _____

Practice city, state, zip: _____

Practice phone number: _____

Number of NP/PAs in practice: _____ Number of physicians, if group practice: _____ Number of FTE non-physician staff in practice: _____

Practice setting: Urban Suburban Rural

In your practice, how many patients are: _____ Male _____ Female _____ Other/Unknown

In your practice, how many patients are: _____ White _____ Black _____ Hispanic/Latino _____ Asian _____ Other

In your practice, how many patients are 13-24 years of age? _____

In a few sentences, describe your interest in this project and how it could help your practice and patients.

APPLICATION FOR AAFP REIMAGINING ASK AND ACT OFFICE CHAMPIONS PROJECT, CONTINUED

Physician Champion

The Physician Champion is responsible for ensuring that the practice's physicians and staff support the Reimagining Ask and Act Office Champions Project, and that the Office Champion is allocated adequate time, resources, and support to fulfill the responsibilities of their role.

Name/degrees: _____

AAFP ID# (if applicable): _____

Email address: _____

Office Champion

The Office Champion is responsible for facilitating the internal project team, recommending strategies, and implementing office system changes to integrate the revised Ask and Act into the practice's daily office routines.

Name/degrees: _____

Title: _____

Direct phone number: _____

Email address: _____

By signing this application, we commit to the following expectations of participation if selected:

- Our family Physician Champion and/or Office Champion will participate in an online orientation in **June 2019**. If selected, you will be notified of the exact date.
- Our family Physician Champion and/or Office Champion will participate in monthly check-ins via teleconference.
- Our Family Physician Champion and/or Office Champion will participate in a project-end teleconference to discuss lessons learned in **July 2020**.
- Our Office Champion or Physician Champion will present an overview of the Office Champions Project to our practice's physicians and staff at a staff meeting early in the project period.
- Our office will identify and implement system changes to better integrate youth tobacco and ENDS prevention and cessation activities into the practice's daily office routines and create a culture that encourages continuous improvement.
- Our Office Champion will be allocated adequate time, resources, and support to fulfill the responsibilities of the Champion role.
- Our practice will participate in all phases of project planning and evaluation, including chart/EHR reviews and surveys.

I understand that my practice will receive \$5,000 to cover administrative costs associated with the project, based on the following milestones:

- \$2,500 to be remitted following the attendance of the online orientation in **June 2019**, completion of the pre-project practice survey, and submission of a project plan.
- \$2,500 to be remitted following project completion and submission of all deliverables, approximately summer 2020.

Office Champion _____

Date _____

Physician Champion _____

Date _____

If you have any questions, please contact Michael Monroe, AAFP Reimagining Ask and Act Office Champions Project Manager, at mmonroe@aafp.org, (800) 274-2237, extension 6264.

Return this form by email, fax, or mail no later than May 31, 2019, to:

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