



Level 2, 3, and 4 Application Form

Tennessee Center for Performance Excellence Award Program

You may download this form from the TNCPE website:
www.TNCPE.org/awards/apply.

Please submit TNCPE this Application Form accompanied by one electronic copy of your Organizational Profile and Criteria response, and the appropriate Application Fee. These items should be submitted to the TNCPE office by the date noted above.

Please type or print.

1. Applicant

Organization name as it will appear on award _____

Address _____

City _____ State _____ Zip _____

2. Size and Locations

Total # of employees (full-time equivalent) _____

Total # of sites _____

3. Official Contact

Name _____

Title _____

Mailing address _____

Street address (no PO Box) _____

City _____ State _____ Zip _____

Telephone _____

Email _____

4. Alternate Official Contact

Name _____

Telephone _____

Email _____

5. Application Level and Criteria Response

A. Identify the application level for which you are applying.

Check One: 2 3 4

(See Award level descriptions on pages vi - vii)

B. Attach Organizational Profile and Criteria response to Application Form

C. Check the Criteria you have used to write your response

Business/Nonprofit Health Care Education

D. Application Fee

An Application Fee is required for all award levels based on workforce size and TNCPE Membership status.

Please refer to the table on page 5 to determine your application fee. Go to TNCPE.org/members for TNCPE membership information.

Total Application Fee _____

7. One-Sentence Organization Description

Please provide a brief description of your organization to be used for publicity and recognition.

8. Release Statement and Signature of Highest Ranking Official

My signature states and attests that: I have reviewed the information provided in this application packet. To the best of my knowledge, no untrue statement or omission of a material fact that is legally disclosable and affects organizational ethical and legal practices has been made in this application packet. I understand that if information is found that could be embarrassing to TNCPE or its Award Program my organization will no longer receive consideration for an award and will only receive a Feedback Report.

Signature _____ Date _____

Name/Title _____

Submit the appropriate Application Fee to the address below or call to make a credit card payment. In addition to your application fee, submit one copy of your Application Form and one copy of your Organizational Profile and Criteria response saved in one PDF file to contact@TNCPE.org.

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