(Template for Level 3 Statement of Commitment to be put on facility header and submitted along with all appropriate documentation illustrating your stewardship program meets the requirements outlined in the [requirements document](https://epi.dph.ncdhhs.gov/cd/antibiotics/Requirements%20for%20Star%20Partner%20Hospitals%202018.pdf))

Dear NC SHARPPS Program,

We, {your facility name here}, are applying to be Level 3 Antibiotic Stewardship STAR Partner Facility. We agree to the following statements as given below:

* We have met all requirements detailed in Stewardship Commitment, Level 1 & Level 2. We have an established antibiotic stewardship program in our facility which encompasses all seven Core Elements of Hospital Antibiotic Stewardship Programs as recommended by the Centers for Disease Control and Prevention.
* We regularly conduct antimicrobial resistance surveillance and stewardship related educational activities throughout the year. Our activities conducted in the past 12 months include {insert activity types here – live or online training/live or online presentations or lectures/guideline or curriculum development and dissemination/public forum/setting of periodic email messages/other specify}. These activities were targeted {specify target audiences for the activity – physicians, nurses, pharmacists, students etc.}. We commit to continuing and enhancing antimicrobial resistance surveillance and stewardship related educational activities at our facility. Our goals to enhance educational activities for the next 12 months are {please explain goals in less than 50 words}
* We certify that all other requirements for Level 3, Champion, STAR Partner status, as outlined in the [Checklist for STAR Partners](https://epi.dph.ncdhhs.gov/cd/antibiotics/Checklist%20for%20Star%20Partners%202018.pdf) and [Requirements for STAR Partners](https://epi.dph.ncdhhs.gov/cd/antibiotics/Requirements%20for%20Star%20Partner%20Hospitals%202018.pdf) documents have been met by our facility.
* We agree to engage in at least minimum level of mentorship activities as specified in the [requirements](https://epi.dph.ncdhhs.gov/cd/antibiotics/Requirements%20for%20Star%20Partner%20Hospitals%202018.pdf) with at least one interested mentee facility if available.
* We agree to participate in the antimicrobial resistance surveillance and antibiotic stewardship related annual survey sent by Division of Public Health.
* We agree to our facility name being displayed on Division of Public Health’s website along with its antimicrobial resistance surveillance and antibiotic stewardship achievements and STAR Partner level status.

We {would/would not} be interested in partnering with the State Public Health Laboratory for sending Carbapenem-resistant Enterobacteriaceae isolates for resistance mechanism testing.

Thank you for your consideration. We look forward to hearing from you regarding our application and receiving our Level 3 STAR Partner certificate. Please contact {specify name of contact} for any questions at {insert phone number} or via email at {insert email address}.

Best regards,

{Name and signature of senior leadership}

{Name and signature of board member}

{facility name and address}