



Louisiana Action Coalition Commitment Form

Name of Organization: _____

Address of Organization: _____

Name of Organization's Representative to LAC: _____

Representative's Title and Credentials: _____

Preferred Mailing Address: _____

Email: _____

Phone: Work _____ Home _____ Cell _____

Administrative Assistant: _____

Email: _____

Please select a designation for type of organization committing to participation by placing "X":

- Advocacy Group Business Foundation Healthcare Organization Nursing Organization School of Nursing
 University/Community College Other _____

Please indicate whether your organization has a regional presence or a statewide presence.

- Regional Statewide

LAC regions are based on the model for regional labor market areas (RLMA) used by the Louisiana Workforce Commission and the Louisiana Center for Nursing (see map on reverse). **Select below one or more regions as appropriate for your organization's participation.**

- Region 1 - New Orleans RLMA Region 2 - Baton Rouge RLMA Region 3 - Houma/Thibodeaux RLMA Region 4 - Lafayette RLMA
 Region 5 - Lake Charles RLMA Region 6 - Alexandria RLMA Region 7 - Monroe RLMA Region 8 - Shreveport RLMA

As a Coalition participant, the undersigned organization commits to:

1. Assisting in the achievement in Louisiana of one or more goals of the IOM report, the *Future of Nursing, Leading Change, Advancing Health*, via collaboration with other coalition members, lead teams or team leaders. Organization's priority goal of interest:

2. Identifying and pledging to implement one or more specific tactics/actions to meet priority goal(s). Potential tactics to meet the selected goal(s):

3. Identifying and and recruiting another entity to participate in the work of the Louisiana Action Coalition within six months of commitment.

Potential entities the organization might engage in LAC work:

4. Creating at least annually a Campaign for Action presence or focus at an entity/organizational event.

Provide examples of how this will be accomplished:

5. Assisting with soliciting support for the Louisiana Action Coalition. How might the applying organization assist with soliciting support?

6. Providing data to LAC Tactical Support and Operations Team for evaluation purposes. Organization agrees to provide data related to achievement of IOM Future of Nursing goals in Louisiana: Yes

7. Resolving conflict/disagreement through a designated conflict resolution process. Organization/entity agrees to resolve conflict/disagreement through appropriate channels and will notify one or more of the Executive Committee members of such conflict if it arises. Together, the organization and Executive Committee will seek resolution through conflict resolution process. Yes

8. Would your organization be interested in also serving as a sponsor organization? Sponsor organizations assist the LAC via financial and/or tactical support related to specific areas of interest to the organization. If interested in serving as a sponsor organization you will be contacted with further information to assist in your decision.

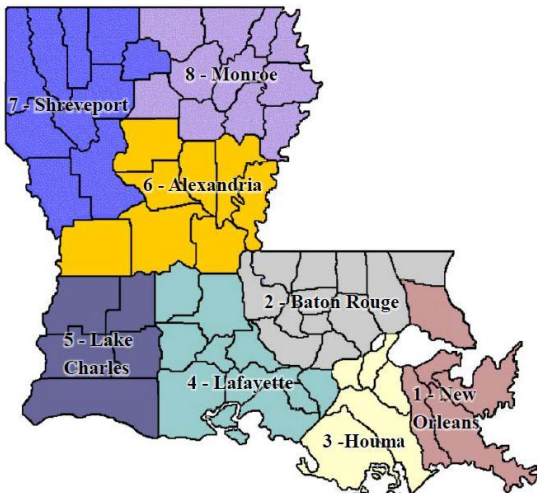
Yes, please contact our organization about sponsorship.

Contact Name/Number: _____

Inserting the representative's name below indicates the organization is joining the LAC for the duration of the Initiative on the Future of Nursing: Campaign for Action which runs through 2020 and agrees to the above conditions and terms.

Organizational Representative

Date



After completing the application and indicating your interest in becoming a member of the LAC leadership team, scan and email to LAC Coordinator Ann Jenkins at: ann@rapidesfoundation.org, or you may mail a copy of your application to:

**Louisiana Action Coalition
1101 Fourth Street, Suite 300
Alexandria, LA 71301**