**EPC Contact List and Team Description Template**

**Name of EPC Champion:**

**Name and Location of Organization:**

**Name of Team:**

**Name of Program:**

**Program Description:**

**Team Members (e.g., OT, PT, SLP, SW, RN, etc.):**

**Special Notes (e.g., time of rounds):**

See next page.

**Contact information**

**Main Hospital Number:**

**Manager and Contact Information (name, email address):**

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| --- | --- | --- | --- |
| **Name** | **Discipline (OT, PT, SLP, SW, RN, etc.)** | **Contact Information (include voicemail or pager number if available)** | **Best Time to Reach** |
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Please email your completed template to [info@tostroke.com](mailto:info@tostroke.com).